MAXIMUS Federal Services

Case Number:	CM15-0179225		
Date Assigned:	09/21/2015	Date of Injury:	05/28/2014
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 24 year old male sustained an industrial injury on 5-28-14. Documentation indicated that the injured worker was receiving treatment for a right ankle sprain with osteochondritis, equinus deformity and Achilles tendinitis. Previous treatment included right ankle arthroscopy with synovectomy and Achilles tendon lengthening, physical therapy, massage; ankle foot orthosis brace (AFO) and medications. In a PR-2 dated 4-14-15, the injured worker stated that his right foot and ankle were slightly better. The injured worker was receiving massage twice a week. The injured worker was not taking any medications. Physical exam was remarkable for tenderness to palpation to the right ankle joint, no pain with right ankle range of motion, an area of focal thickening of the distal Achilles with no defect along the distal Achilles and negative Thompson sign. The treatment plan included continuing massage therapy. In a PR-2 dated 6- 25-15, the injured worker reported that he tried his custom AFO but felt pain to the back of his right ankle and foot. The treatment plan included modifying the AFO to remove the dorsi-assist spring at the ankle hinge. In the most recent documentation submitted for review, dated 8-4-15, the injured worker complained of right ankle pain associated with right foot and ankle cramps and spasms. The injured worker continued to wear his AFO a few hours per day. Physical exam was unchanged. The treatment plan included continuing use of the AFO, continuing massage therapy and a functional capacity evaluation to determine if the injured worker could return to work. On 9-1-15, Utilization Review noncertified a request for occupational therapy twice a week for ten weeks for the right ankle, foot and lower extremity and a request for an ankle-foot orthosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational therapy 2 times a week for 10 weeks, right ankle/foot/lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic May 2014 injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy with 20 sessions when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy 2 times a week for 10 weeks, right ankle/foot/lower extremity is not medically necessary and appropriate.

AFO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter-Ankle foot orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing/ Immobilization, pages 10-11.

Decision rationale: Per ODG, orthosis is recommended as an option for foot drop and an ankle foot orthosis (AFO) also is used during surgical or neurologic recovery; however, no such diagnosis identified here. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary,

push-off stimulation during the late stance phase. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or spastic equinovarus deformity; however, it appears this spring mechanism was removed. Submitted reports have not demonstrated the indication or necessity for this orthosis nor functional improvement from treatment rendered. The AFO brace is not medically necessary and appropriate.