

Case Number:	CM15-0076218		
Date Assigned:	04/27/2015	Date of Injury:	04/06/2012
Decision Date:	06/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 66 year old male, who sustained an industrial/work injury on 4/6/12. He reported initial complaints of ankle pain. The injured worker was diagnosed as having joint derangement of ankle, equinus deformity of foot acquired, exostosis, tarsal tunnel syndrome, and ankle sprain. Treatment to date has included medication, diagnostics, orthotics, ankle taping, and steroid injections. Currently, the injured worker complains of right ankle pain. Per the primary physician's progress report (PR-2) on 3/9/15, examination revealed dorsalis pedis and posterior tibial pulses were palpable bilaterally. Capillary refill time was less than 3 seconds bilaterally. There was severe lack of range of motion in the equinus. There was severe pain with range of motion of ankle joint and subtalar joint, severe pain on palpation of sinus tarsi, anterior talofibular ligament, calcaneofibular ligament, and deltoid ligaments. The requested treatments include customized Arizona brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Customized Arizona brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Ankle Foot Orthoses.

Decision rationale: ODG discusses the use of various types of ankle foot orthoses for foot drop or during surgical recovery. Neither the records nor treatment guidelines provides a rationale specifically for an Arizona AFO. Thus this request is not medically necessary.