

Case Number:	CM15-0092954		
Date Assigned:	05/19/2015	Date of Injury:	05/04/2012
Decision Date:	06/18/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 54 year old female, who sustained an industrial injury on May 4, 2012, incurring right foot and ankle injuries. She was diagnosed with right ankle internal derangement and tenosynovitis and peripheral nerve entrapment, and right foot fracture. Treatment included pain medications, anti-inflammatory drugs, topical analgesic cream, ankle bracing, Podiatry consultation and work restrictions. Currently, the injured worker complained of persistent pain of the right foot and ankle with limited range of motion. The treatment plan that was requested for authorization included retrospective ankle, foot orthosis for the right ankle with a date of service of December 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ankle foot Orthosis for the right ankle DOS: 12/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Foot and Ankle Chapter.

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 (Acute & Chronic)-Ankle foot orthosis (AFO).

Decision rationale: Retrospective Ankle foot Orthosis for the right ankle DOS: 12/11/14 is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG states that an ankle foot orthosis (AFO) is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The documentation indicates right ankle internal derangement and tenosynovitis and peripheral nerve entrapment. The documentation does not indicate foot drop therefore this request is not medically necessary.