



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: April 1, 2008

IRO Case #:

Description of the services in dispute:

DME ankle foot orthosis (AFO) Plastic molded.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested DME is not medically necessary.

Information provided to the IRO for review:

Request for IRO 03/04/08 2 pages
denial decision 02/04/08 3 pages
denial decision 02/19/08 5 pages

Records:

Cover letter from to MRloA 3/18/08 1 page
List of Provider names and information 1 page
denial decision 02/04/08 3 pages
denial decision 02/19/08 3 pages
Office visit Dr. 01/30/08 2 pages
MRI report 01/16/08 2 pages
Official Disability Guidelines

Patient clinical history [summary]:

The patient is a year-old male injured in an unknown manner. He has diagnoses per Dr. of osteomyelitis, calcaneous fracture, ankle fracture and ankle sprain.

The 01/16/08 MRI of the left ankle showed a large focus of fluid lateral to the calcaneous likely representing osteomyelitis and possible abscess and a cortical irregularity of the posterolateral calcaneous. There was a fluid signal in the anterior calcaneous and navicular that was possibly degenerative but other areas of osteomyelitis may have a similar appearance. Moderate soft tissue swelling was seen along the lateral ankle that was likely cellulitis. There was increased signal in the peroneus longus and brevis and a small amount of fluid in the sheath in the region of the cellulitis could represent tendinosis and tenosynovitis but pyrotenosynovitis could not be excluded.

On the 01/30/08 evaluation by Dr. there was pain to palpation of the lateral malleolus, Achilles and plantar fascia as well as tenderness of the base of the fifth metatarsal and a positive squeeze test. X-rays were reported to show healed calcaneous and fifth metatarsal fractures. An AFO and a bone growth stimulator were recommended.

Medical necessity of DME ankle foot orthosis (AFO) plastic molded.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Review of the records does not support the medical necessity for an AFO for the lower extremity. Notably, the MRI shows osteomyelitis and although immobilization may be required to treat the condition an AFO would not be the primary treatment consideration. In addition, only one office note was present for review that did not indicate that there was a neurological deficit, instability or a drop foot that might respond to this treatment option. As such, the request for treatment does not fulfill the ODG criterion for an AFO that recommends use as "an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurological recovery."

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines Treatment in Worker's Comp 2008, Ankle and Foot
Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. 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. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. 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 mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be use

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