

Case Number:	CM13-0011287		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2013
Decision Date:	08/15/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported injury on 05/03/2013. The specific mechanism of injury was not provided. However, the documentation indicated the injured worker twisted her ankle. The documentation of 06/26/2013 revealed the injured worker had complaints of left ankle and foot pain. The objective findings revealed the injured worker had a boot. There was 1+ swelling. There was tenderness over the anterior talofibular ligament with limited motion of the left ankle. The injured worker had a limp favoring the left lower extremity. The documentation indicated the injured worker had an MRI, and the results were not clear. The diagnosis included severe left ankle sprain/strain with ligament tear. The treatment plan included a continuation of the boot. Additionally, it was indicated the injured worker would benefit from using a smaller device such as an air cast ankle brace. The physician documented there was tenderness and pain in the anterior talofibular ligament without complete laxity. The injured worker underwent an MRI of the left ankle. The findings revealed a tear of the anterior talofibular ligament and a short segment longitudinal tear of the peroneus brevis tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AIR CAST ANKLE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The ACOEM Guidelines indicate that the treatment for an ankle sprain may include splint or immobilization in severe cases. The clinical documentation submitted for review indicated the injured worker had been utilizing a brace. While it was indicated the injured worker would benefit from using a smaller device such as an air cast ankle brace, there was no specific documentation as to a rationale for the smaller brace. Given the above and the lack of documentation of exceptional factors, the request for purchase of an air cast ankle brace is not medically necessary.

EXAMINATION TO LEFT ANKLE UNDER ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Additionally, they indicate the referral for early repair of ligament tears is controversial and not a common practice. The clinical documentation submitted for review indicated the injured worker had objective findings upon MRI and pain upon examination. The request as submitted failed to provide clarification as to whether the request was for surgical intervention and what specific procedure was being requested. Given the above, the request for examination to left ankle under anesthesia is not medically necessary.