

<b>Case Number:</b>	CM13-0015477		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	09/09/2007
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 patient is a 63-year-old female who reported an injury on 09/09/2007. The mechanism of injury is not stated. The patient is noted to have been diagnosed with 845.00, left ankle sprain; and 726.90, left ankle capsulitis/synovitis. She is noted to have a history of a left ankle fracture and noted to have undergone an open reduction and internal fixation of the fracture on an unstated date. A clinical note dated 07/03/2013 reported the patient had last been seen in 11/2007. She reported her left ankle continued to cause pain and she also had swelling and inflammation on occasion. She is noted since her previous evaluation to have been prescribed physical therapy that helped decrease swelling of the ankle. She is noted to be still working without restrictions. On physical exam, she had no areas of focal edema of the left ankle joint, muscle strength was intact, there was slight pain in inversion and eversion stressing of the left ankle with no ligament laxity. Anterior drawer sign was negative and there was no joint crepitation on range of motion. X-rays of the left ankle on that date noted no acute fractures and the joint alignment appeared normal. A request was made for custom ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Off the shelf ankle foot orthosis, left ankle:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ankle foot orthosis

**Decision rationale:** The patient is a 63-year-old female who reported an injury to her left ankle in 2007. She is noted to have suffered an ankle fracture and to have undergone an open reduction and internal fixation of the ankle. She is noted to continue to complain of ongoing pain and reported swelling and inflammation on occasion. She is noted on physical exam to have no focal edema of the left ankle, muscle strength intact, slight pain on inversion and eversion stressing of the ankle with no ligamentous laxity and no joint crepitation on range of motion. She is reported to be continuing to work full duty without restrictions. The California MTUS Guidelines do not recommend prolonged supports or bracing without exercise due to risks of debilitation. The Official Disability Guidelines only recommend an ankle/foot orthosis for findings of drop foot. As the patient is not noted to be performing a home exercise program and is to wear the foot/ankle orthosis routinely and there are no abnormal findings on physical exam indicating findings of a drop foot, loss of strength or range of motion of the ankle, the request for purchase of an ankle/foot orthosis does not meet guideline recommendations. Based on the above, the request for off the shelf ankle foot orthosis, left ankle, is non-certified.