

Case Number:	CM13-0045323		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2000
Decision Date:	04/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 53 year old woman with a date of injury of 8/11/00. The records indicate that she fell onto both knees and sprained her right ankle. She was seen by her primary treating physician on 10/1/13 with complaints of 5/10 bilateral knee pain. She felt the right ankle brace was very helpful. Her physical exam showed tenderness of the medial joint line of the left knee with reduction in flexion to 120 degrees. She also had tenderness noted in the lateral malleolus of the right ankle. She was diagnosed with a sprain/strain of the right knee with medial meniscus tear and sprain strain of the left knee status post arthroscopy partial medial meniscectomy. She was to continue the right ankle brace which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE OF AN AIR CAST BRACE FOR THE RIGHT ANKLE: 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): 369-386.

Decision rationale: This injured worker had a fall with a reported right ankle sprain. At issue in this review is an air cast brace for the right ankle. Per the MTUS, An ankle sprain is treated with

cold and elevation of the foot with a splint or immobilization in severe cases. A temporary cast can be used in tendinitis or tenosynovitis. In this case, the records do not document the severity of the injury or why an ankle cast brace is warranted.