

Case Number:	CM13-0056048		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2013
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pulmonary Diseases 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 38-year-old male who report an injury on 02/21/2013 after a twisting motion while exiting a truck. The injured worker reportedly sustained an injury to the left ankle. The injured worker's treatment history included chiropractic care, physical therapy, a TENS unit, a back brace, and medications. The injured worker was evaluated on 10/24/2013. It was noted that the injured worker had increased pain rated at a 9/10. Evaluation of the injured worker's ankles and feet documented tenderness to palpation of the left ankle and foot, a positive ankle inversion test eliciting pain. The injured worker's diagnoses included lumbar strain, lumbago, displacement of lumbar intervertebral disc without myelopathy, pain in joint involving the left ankle, mixed disorders as reaction to stress, and insomnia unspecified. The injured worker's treatment plan included chiropractic care, physiotherapy, and acupuncture treatments. It was also recommended that the injured worker use a left ankle support brace to assist in avoidance of exacerbation of the injured worker's current injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE BRACE/SUPPORT: 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 rationale: The American College of Occupational and Environmental Medicine recommend taping or bracing to avoid exacerbation or for prevention of injury. The clinical documentation submitted for review fails to provide any evidence that the injured worker has not responded to taping. Therefore, the need for a brace would not be supported. Additionally, the clinical documentation submitted for review does not provide any evidence of instability that would put the injured worker at risk for an exacerbation of the injured worker's injury. As such, the requested left ankle brace/support is not medically necessary or appropriate.