

<b>Case Number:</b>	CM13-0059354		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 51-year-old male who reported an injury on November 28, 2012 after driving a forklift that hit a large stack of foam bags, which reportedly caused severe pain to his left knee and ankle. The patient also reported an injury to his low back due to repetitive lifting. The patient's treatment history of the left ankle included immobilization, medications and physical therapy. The patient had persistent knee and ankle pain. The patient's most recent clinical examination findings documented that the patient had evidence of a cortical defect on a previous computed tomography (CT) scan. The patient's diagnoses included a rule out of the left inguinal hernia, lumbosacral sprain/strain, left knee sprain/strain and left ankle sprain/strain. The patient's treatment plan included an ankle brace, the continuation of medications and a referral for a surgical consultation for the knee and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Integrated Treatment Guidelines, Foot/Ankle Bracing (Immobilization).

**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 and Foot Chapter, Immobilization.

**Decision rationale:** The ACOEM guidelines do not support the prolonged use of bracing without exercise due to the risk of debilitation. Additionally, the Official Disability Guidelines do not recommend immobilization without evidence of fracture or significant instability. The clinical documentation fails to provide any evidence that the patient has an acute fracture or significant instability that would require the need for immobilization. As such, the requested ankle brace is not medically necessary or appropriate.