MAXIMUS Federal Services

Case Number:	CM13-0072718		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2013
Decision Date:	05/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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:

This 58-year-old female shipping/receiving clerk reported left shoulder and low back injuries on 9/13/02, lifting heavy boxes at work. She is status post right knee arthroscopic surgeries on 4/13/06 and 1/25/07, right total knee replacement on 5/12/08, left total knee replacement on 2/22/10, and L4/5 and L5/S1 lumbar discectomy and transforaminal lumbar interbody fusion on 10/31/12. The patient began experiencing left ankle pain sometime in 2012 that increased with walking. Co-morbidities included obesity. The 8/14/13 medical legal report indicated the patient related bilateral ankle symptomatology, primarily swelling. There was significant swelling and a history of impressive bilateral ankle edema. The examiner opined that there was no orthopedic component to this clinical finding and referral for appropriate evaluation was recommended. The 10/28/13 treating physician report cited subjective complaints of persistent, on-going low back symptomatology, foot and ankle pain, and bilateral knee pain and instability. The bilateral feet exam revealed some tenderness to the extensor tendons, as well as lateral malleoli. The treatment plan recommended consultation with a foot and ankle specialist and bilateral figure-eight ankle braces. The 12/17/13 utilization review recommended non-certification of the request for ankle braces until the foot and ankle specialist consultation was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FIGURE EIGHT ANKLE BRACES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing (Immobilization).

Decision rationale: Under consideration is a request for bilateral figure eight ankle braces. The California MTUS does not provide recommendations for chronic ankle complaints. The Official Disability Guidelines state that ankle bracing is not recommended in the absence of a clearly unstable joint. Guideline criteria have not been met. There is no evidence of instability in the ankles to support the medical necessity of bracing. There is no current ankle diagnosis. Clinical findings are limited to some tenderness and chronic persistent swelling. Referral for further evaluation was recommended and pending. Given the absence of documented medical necessity consistent with guidelines, this request for bilateral figure eight ankle braces is not medically necessary.