

<b>Case Number:</b>	CM14-0013445		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 is a 37-year-old male patient with a 6/1/12 date of injury. He injured himself when he tripped on a curb and hurt his right knee. A 12/4/13 progress report indicated that the patient had the same complaint as preoperatively. He felt pain and pressure on his patella, and soreness on the lateral side. Physical exam revealed that the range of motion of his left knee was 130 degrees, and right knee was from 5 to 120. The patient used to wear brace for knee and develop rash, so he had to stop it. Diagnostic Impression: Right Knee Injury. Treatment to date: physical therapy. There is documentation of a previous 1/21/14 adverse determination. The decision for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT 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 (ODG), Foot and Ankle Chapter.

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

**Decision rationale:** CA MTUS does not address this issue. The Official Disability Guidelines (ODG), states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. For patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. However, there remains no evidence of instability of the ankle joint. The patient had presented with right knee pain, which stayed the same after surgery. Therefore, the request for right ankle braces was not medically necessary.