

Case Number:	CM14-0114521		
Date Assigned:	08/04/2014	Date of Injury:	07/25/2007
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Emergency Medicine 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 patient is a year-old male who was injured on July 25, 2007. The patient continued to experience persistent pain and swelling to his left ankle. Physical examination was notable for arthroscopic scars to the left knee, tenderness to the left knee medical joint line, tenderness to the left ankle, slightly restricted range of motion on inversion and eversion of the left ankle, and intact left ankle stability on varus and valgus testing. Diagnoses included left ankle sprain, left knee sprain, and right knee sprain. Treatment included medications and surgery. Request for authorization for left ankle silicon brace was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle silicon brace.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris J., Occupational Medicine Practice Guidelines, 2nd Ed. (2004), pages 367-377. Official Disability Guidelines (ODG) (ankle and foot chapter).

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: 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. Partial weight bearing as tolerated is recommended. In this case the patient did not have any instability in the ankle joint. The brace is not indicated. The request should not be authorized.