

<b>Case Number:</b>	CM14-0128380		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family 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 38-year-old female patient who reported an industrial injury to the right ankle on 2/9/2011, over 2 years ago, attributed to the performance of her customary job tasks. The patient continued to complain of right ankle pain located to the lateral aspect of the ankle. The pain was characterized as constant. The patient is unable to tolerate tight material around her ankle and foot. The patient also complained of low back and hip pain and has been using a cane. The patient is been treated with physical therapy and medication. The patient is prescribed gabapentin, amitriptyline, omeprazole, and duloxetine. The objective findings on examination included a painful right gutter; pain with range of motion; pain is noted on the anterior right at the syndesmosis. The treatment plan included a right ankle brace.

### 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:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Complaints

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle chapter bracing

**Decision rationale:** The treating physician did not provide any significant objective evidence in the current clinical documentation other than the cited summary statement to support the medical necessity of the request for the right ankle brace for the treatment of the right foot/ankle. The patient is diagnosed with right ankle disuse muscle atrophy. The provider has documented no instability to the right foot or ankle and reports that the patient has pain and swelling to the ankle, which hinders the HEP. The right ankle is not demonstrated on examination to be unstable. There is no demonstrated medical necessity for the requested right ankle support brace for the effects of the industrial injury over 2 years ago. There is no demonstrated instability to the ankle that meets the recommended criteria of the available evidence guidelines. There is no rationale to support the medical necessity of the requested ankle brace other than for reported pain issues. The patient reported that she was unable to have even material around her ankle, which would preclude the use of a brace. The request for authorization for the right ankle brace is not supported with objective evidence; is not demonstrated to be medically necessary; and is inconsistent with the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. There is no demonstrated medical necessity for a right ankle brace 2 years after the DOI.