

<b>Case Number:</b>	CM14-0159105		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Geriatrics 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 injured worker is a 48 year old man with a date of injury of 6/10/13. The most recent available note is from 11/14/13. He complained of pain in his neck, right shoulder, left wrist and low back as well as pain on the right side of his face and tongue with numbness. His exam showed tenderness over his cervical spine, lumbar spine, right shoulder and left wrist. He had restricted shoulder range of motion and a left positive Phalen's test. He had hyperesthesia at the right side of the face. His diagnoses were right shoulder sprain/strain, retrolisthesis of the cervical, lumbar disc extrusion, right facial neuralgia and left wrist sprain/strain. At issue in this review is the request for a lace up brace for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lace up brace, right ankle (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (updated 7/29/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369 - 386.

**Decision rationale:** This injured worker has chronic pain from an injury in 2013. At issue in this review is a lace up brace for the right ankle. An ankle sprain is treated with cold and elevation of the foot with a splint or immobilization in severe cases. A temporary cast can be used in tendinitis or tenosynovitis. In this case, the available records do not document the ankle injury or why a lace up brace to the right ankle is medically warranted. The request is not medically necessary and appropriate.