

Case Number:	CM14-0171951		
Date Assigned:	10/23/2014	Date of Injury:	03/03/2011
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 years old employee with date of injury of 3/3/11. Medical records indicate the patient is undergoing treatment for right ankle sprain/strain. Subjective complaints include tenderness and constant pain to the right ankle and foot combined with compensatory pain to the left ankle. Pain in the ankle is rated an 8/10. Objective findings include pain and tenderness to the ankle. There are no other physical exam findings or proof of instability. An MRI of the right ankle on 5/10/14 with AP and lateral views had the following findings: alignment: normal; tibia, fibula and tarsal bones all intact, no fracture. There was moderate soft tissue swelling in the bilateral malleolar area. Her range of motion is 90% of normal. Treatment has consisted of PT, HEP, Ibuprofen, Prilosec and Neurontin. She had an injection for right plantar fasciitis with no benefit. The utilization review determination was rendered on 10/7/14 recommending non-certification of Ankle Braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):
Foot/Ankle Pain: Bracing (immobilization)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing immobilization

Decision rationale: According to ACOEM "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible". ACOEM additionally states "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)". The D and C designation by ACOEM means that the evidence based medicine is weak to support immobilization. ODG states "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. However, 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". While the treating physician documents ankle pain and tenderness of the ankle, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging provided. As such, the request for Ankle braces is not medically necessary.