

Case Number:	CM14-0182402		
Date Assigned:	11/07/2014	Date of Injury:	04/11/2014
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 male with a 4/11/14 date of injury. The mechanism of injury occurred when he was walking down steps at work, twisted his right ankle, which put weight on his left ankle, and he felt bilateral ankle pain. According to a progress report dated 9/17/14, the patient was seen for his right and left ankle pain. The patient was currently using lateral ankle braces, which he stated helped with some of the pain. He stated that he continued to have notable pain on a daily basis, measuring approximately 5/10. The provider has requested Brostrom-Gould procedure to the right ankle as well as repair of the peal tendon of the left ankle. Objective findings: notable pain on palpation to the anterior talofibular ligament and calcaneofibular ligament as well as pain coursing along the peroneal tendons to the right and left ankle, pain with active and passive range of motion of the ankle. Diagnostic impression: severe ankle sprain causing tear of the anterior talofibular ligament and calcaneofibular ligament of the right ankle as well as tear of the peroneal tendon of left ankle, pain and inability to walk with ankle instability. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/1/14 denied the request for post-op pneumatic walker boot right ankle. The requested surgery has been non-certified. Therefore, this post operative request is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Pneumatic Walker Boot Right Ankle L4360: 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), Ankle & Foot (updated 07/29/14), Cast (Immobilization)

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

Decision rationale: CA MTUS does not address this issue. 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, according to the 10/1/14 UR report, the requested surgical procedure was denied. As a result, this associated post-operative request cannot be substantiated. Therefore, the request for Post-Op Pneumatic Walker Boot Right Ankle L4360 is not medically necessary.