

Case Number:	CM14-0020565		
Date Assigned:	04/30/2014	Date of Injury:	06/06/2007
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 06/06/2007 secondary to an unknown mechanism of injury. The injured worker was evaluated on 10/16/2013 for reports of gastroesophageal reflux and sleep disturbance. There were no significant findings on the physical examination. The diagnoses included constipation/diarrhea, gastroesophageal reflux disease, diabetes mellitus, hypertension, hyperlipidemia, and a sleep disorder. The Request for Authorization and supporting documentation, in the form of a progress note with rationale, were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEOPRENE LEFT ANKLE SUPPORT: 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-TWC), Ankle and Foot (Acute & Chronic) (updated 12/19/2013), Bracing (immobilization).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Bracing (immobilization).

Decision rationale: The request for a neoprene left ankle support is not medically necessary. The California MTUS/ACOEM Guidelines may recommend a brief period of non-weight bearing for effective pain management and resolution of swelling. The Official Disability Guidelines do not recommend bracing in the absence of a clearly unstable joint. There is a significant lack of evidence of pain and swelling to the ankle or instability of the joint. Furthermore, there is a significant lack of evidence of the intended use of the ankle support. Therefore, based on the documentation provided, the request is not medically necessary.