

Case Number:	CM14-0027129		
Date Assigned:	06/13/2014	Date of Injury:	07/11/2008
Decision Date:	08/08/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old female with a reported date of injury on 07/11/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with a history of right knee surgery (arthroscopic, TKR realignment). Previous conservative care included physical therapy and aquatic therapy. The injured worker presented with decreased strength in the right quad and right ankle. The clinical documentation indicated the injured worker had improved balance and ankle motion was restored related to the utilization of physical therapy. In addition, it was noted that the injured worker's gait was improved since starting the proper use of a cane. The injured worker's diagnoses included right knee arthritis and right ankle sprain. The injured worker's medication regimen was not provided within the documentation available for review. A Request for Authorization of an ankle brace was submitted on 02/27/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANKLE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend bracing (immobilization) in the absence of a clearly unstable joint. Functional treatment appears to be a 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. The clinical note dated 04/10/2014 indicates the injured worker has improved balance and ankle motion that has been restored. In addition, it was noted that the injured worker's gait was improved since starting the proper use of a cane. The Official Disability Guidelines do not recommend bracing in the absence of a clearly unstable joint. Therefore, the request for an ankle brace is not medically necessary.