

Case Number:	CM14-0031872		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2005
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 46-year-old male injured on 6/14/2005. The mechanism of injury is noted as a twisting injury to his right ankle. The most recent progress note, dated 12/2/2013 indicates that there are ongoing complaints of low back pain with numbness and tingling of the left thigh, right foot pain, right knee pain with weakness and giving out. The physical examination demonstrated tenderness dorsum of the right foot. Previous treatment includes Ibuprofen Omeprazole, and Tramadol. A request had been made for Rocker Bottom Shoe and Ankle Brace was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rocker Bottom Shoe: 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) FOOTWEAR, KNEE ARTHRITIS.

Decision rationale: After review of the medical records for the request for a rocker bottom shoe, there appears to be no evidence-based studies showing the benefits of this intervention. With this

information and the lack of clinical support for the necessity of a rocker bottom shoe, this request is deemed not medically necessary.

Ankle Brace: 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), 12th Edition, 2014, Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FOOT & ANKLE, BRACING/IMMOBILIZATION.

Decision rationale: The ankle brace is not recommended in the absence of a clearly unstable joint. According to Official Disability Guidelines, functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization (ankle brace). After reviewing the medical documentation provided, there is no clinical or objective findings in reference to ankle instability that would require bracing. This request is deemed not medically necessary.