

Case Number:	CM14-0064273		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2012
Decision Date:	08/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 55-year-old who sustained an injury to the right ankle on 7/11/12. Documentation on the examination dated 4/16/14 noted continued right foot and ankle pain and that the claimant was being fitted for a custom ankle brace. Physical examination findings showed 4/5 strength of the right lower extremity on dorsi-/plantar flexion and inversion/eversion and no swelling or effusion. The report of an ankle and foot MRI dated 1/31/14 showed scarring of the anterior talofibular and calcaneofibular ligaments indicative of a chronic sprain. There was also peroneus brevis and posterior tibialis tendinosis. Diagnosis was foot strain. The recommendation at that time was for continuation of medication management and home exercises as well as referral for custom support brace. There is also a current request for further physical therapy for twelve additional sessions for the claimant's right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to right ankle 3times per week for 4 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, twelve additional sessions of physical therapy would not be indicated. This individual is now at a subacute stage in the course of care and has already undergone a significant course of conservative care including physical therapy. Based on the claimant's current physical examination findings, there would be no acute indication for further formal therapy. In the chronic setting, the Chronic Pain Guidelines typically reserve the right for physical therapy for acute symptomatic flare of symptoms and for typically no more than 9-10 sessions. There is no documentation that the claimant is having a flare of symptoms. The twelve sessions of therapy in this individual's chronic course of care would not be supported.

Durable Medical Equipment : Arizone Ankle Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html".

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines do not address this request. Based upon the Official Disability Guidelines, the request for custom bracing for this individual's ankle would not be indicated. Bracing is not recommended per Official Disability Guidelines (ODG) Guidelines except in the presence of a clearly unstable joint. While this claimant's recent MRI scan demonstrates findings indicative of chronic strain, there are no physical exam findings demonstrating clear instability. The claimant's physical exam findings show weakness of the joint at end points of strength but do not demonstrate any findings consistent with instability. The role of bracing would not be supported.