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| Case Number: | CM14-0067732 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/25/2013 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 and Rehabilitation, 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 46-year-old male who reported an injury on 04/25/2013. The mechanism of injury was noted to be a lawnmower accident. His diagnosis was noted to be ankle enthesopathy. The injured worker was noted to have prior treatments of physical therapy. The injured worker had diagnostic examinations including an x-ray of the left ankle and an MRI of the left ankle without contrast. The injured worker was noted to have a left ankle surgical procedure in 10/2013. The injured worker's subjective complaints were noted in a Primary Treating Physician's Progress Report on 04/09/2014. He reported pain in the left ankle was slightly improved with the use of compression stockings and a night splint with a hinged ankle brace. The injured worker denied any new complaints. The objective findings included a well-nourished male in no apparent distress. Vital signs were within normal limits. Examination of the left ankle noted mild tenderness over the lateral ankle, extending distally from the surgical wound. There was full range of motion with increased pain. Swelling was noted to be decreased with compression stocking use. The sensory examination noted the left ankle was intact distally and gait was steady. The injured worker had medication use of ibuprofen and Norco. The treatment plan was to consider cortisone injections in the future as needed and follow-up visits. The provider's rationale for the request was not within the documentation. A Request for Authorization for medical treatment was also not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hinged Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Ankle and Foot.

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 Retrospective Hinged Ankle Brace is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine states rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines state bracing is not recommended in absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. According to a symptomatic review of treatment for ankle sprains, for mild to moderate ankle sprains, functional treatment options, which consist of elastic bandaging or soft casting or taping, were found to be statistically better than immobilization for multiple outcome measures? The Guidelines suggest immobilization if necessary for 4 to 6 weeks with active and/or passive therapy to achieve optimal function. It is not noted that the injured worker has active or passive therapy in addition to immobilization for a therapy timeline of 4-6 weeks. As such, the request for Retrospective Hinged Ankle Brace is not medically necessary and appropriate.

Retrospective Night Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Ankle and Foot.

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, Night splints.

Decision rationale: The request for Retrospective Night Splint is non-certified. The California MTUS/American College of Occupational and Environmental Medicine states night splints, as part of a treatment regimen that may include stretching, range of motion exercises, and nonsteroidal anti-inflammatory drugs, may be effective in treating plantar fasciitis, though evidence is limited. The Official Disability Guidelines state that night splints are recommended for individuals with plantar heel pain, there is evidence for the effectiveness of dorsiflexion and tension neck splints in reducing pain. The injured worker does not have documentation to support a plantar fasciitis diagnosis. The assessment does not provide adequate support for plantar fasciitis. Without objective findings to meet the criteria per the Guidelines for night splints, it is not medically necessary. Therefore, the request for Retrospective Night Splint is not medically necessary and appropriate.

