

Case Number:	CM14-0073002		
Date Assigned:	07/16/2014	Date of Injury:	08/05/2011
Decision Date:	12/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 Texas & Oklahoma. 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 39-year-old male who reported injuries due to a backwards fall on 08/05/2011. On 02/19/2014, his diagnoses included status post inversion left ankle sprain, with chronic ankle capsulitis and sinus tarsi syndrome and left foot tarsal coalition, nonindustrial. It was noted that he had received new boots with orthotics which allowed him to walk 1-2 hours but with pain and swelling still occurring. On examination, there was no swelling but there was tenderness overlying the sinus tarsi and pain with inversion. The treatment plan included walking for an hour or 2 per day to try to strengthen his leg. On 03/19/2014, it was noted that he had received 3 previous corticosteroids injections into the ankle. A fourth was administered on that date. On 04/06/2014, he reported that the last injection did not help with his ankle pain. It was noted in the treatment plan that since he was not responding to foot orthoses and multiple steroid injections that he would require bracing of the ankle. The request was then made for a custom made Arizona ankle brace for the left ankle to immobilize the ankle to see if this gave him further pain relief. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-made Arizona ankle brace for the left ankle: 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), Treatment in Workers Comp 2014, Ankle & Foot, Bracing (immobilization)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The request for custom-made Arizona ankle brace for the left ankle is not medically necessary. The California ACOEM Guidelines do not recommend bracing for all sub-acute and chronic ankle and foot disorders. Prolonged supports or bracing without exercise is not recommended due to risk of debilitation. The clinical information submitted failed to meet the evidence based guidelines for ankle braces. Additionally, the frequency of use was not specified in the request. Therefore, this request for custom-made Arizona Ankle Brace for the left ankle is not medically necessary.