

Case Number:	CM14-0075179		
Date Assigned:	09/30/2014	Date of Injury:	12/19/2009
Decision Date:	10/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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 36-year-old male roofer sustained an industrial injury on 12/19/09. Injury occurred when he fell through a section of rotten plywood about 18 feet to the ground below. He hit a fence on the way down and landed on concrete. Past surgical history was positive for left shoulder arthroscopy with decompression and labral repair on 6/27/11. The 4/26/13 bilateral lower extremity electrodiagnostic study demonstrated no evidence of tibial or peroneal motor or sural sensory mononeuropathy. There was no evidence of lumbar radiculopathy or plexopathy. The 11/26/13 left ankle MRI impression documented partial tears of the peroneus brevis and peroneus longus at the level of the medial malleolus. The 1/29/14 treating physician report indicated that the patient was working full time and using an ankle brace. The 4/8/14 treating physician report indicated that the patient had a second opinion with a podiatrist who recommended an ankle ligament repair. The patient had access to a TENS unit and hot and cold wraps. He had access to a rigid ankle brace and was using an ankle brace that allowed mobility. There were no objective findings documented relative to the left ankle. The treatment plan requested authorization of a Richie ankle brace on the left. The 4/22/14 utilization review denied the request for a Richie left ankle brace as there was no documentation of foot drop to support an ankle foot orthosis and a rigid ankle brace as already being used for increased mobility. The 5/20/14 treating physician report indicated that the patient had a standard ankle brace but it was too bulky to fit under his shoes. A request for a Richie ankle brace was again made. Physical exam documented crepitus with left ankle range of motion. He had difficulty with standing, stairs, and hills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Richie left 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, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Cast (immobilization)

Decision rationale: The California MTUS guidelines support the use of bracing to avoid exacerbations or for prevention, but do not provide recommendations for ankle foot orthosis (AFO). The Official Disability Guidelines stated that AFOs are recommended as an option for foot drop and for use during surgical or neurologic recovery. The ODG recommend ankle bracing for patients with a clearly unstable joint for 4 to 6 weeks with active and/or passive therapy to achieve optimal function. Guideline criteria have not been met. Comprehensive objective findings were not fully documented relative to the left ankle. There is no compelling reason to support the medical necessity of a custom AFO over a standard ankle immobilization brace for this patient. Therefore, this request is not medically necessary.