MAXIMUS Federal Services

Case Number:	CM14-0077187		
Date Assigned:	07/18/2014	Date of Injury:	07/03/2008
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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:

The patient is a 36 year-old male who was injured on 07/03/2008. The mechanism of injury is unknown. The patient underwent a spinal cord stimulator placement on 02/24/2012. Progress note dated 05/06/2014 states the patient presented for back pain follow-up. He rated his pain as a 5/10 on average. The pain can increase to a 6/10 at best and 10/10 at worst. He has been utilizing Lidoderm patches and compound cream. He noted that the Lidoderm patch helps to decrease his pain. On exam, range of motion of the ankle was 20 degrees in dorsiflexion; 15 degrees in plantar flexion; and 5 degrees of inversion and 10 degrees of eversion. His pain is decreased in the medial arch of the foot and on the dorsum of the foot and his sensation is decreased as well. He is diagnosed with CRPS right lower extremity. He has been recommended for a right ankle brace for stability. Prior utilization review dated 05/20/2014 states the request for Velocity Ankle MS STD for right leg/ ankle is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Velocity Ankle MS STD for right leg/ ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): : 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Semi-rigid ankle support, Lace-up ankle support, Bracing.

Decision rationale: According to ODG guidelines, supports may be recommended for acute ankle injuries, reduction of swelling in the short-term, and prevention of repeat sprains during high-risk sporting activity. Bracing may be recommended for instability. This is a request for a Velocity Ankle MS STD, which appears to be a semi-rigid or lace-up ankle support, for ankle stability for a 36 year old male injured on 7/3/08 with chronic right ankle pain status post fracture and surgical correction. However, there is no documentation of acute injury, ongoing swelling, instability, or participation in high-risk sports. Therefore, the request is not medically necessary.