

<b>Case Number:</b>	CM14-0079511		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 injured worker is a 50-year-old female who reported an injury on 09/01/2009. The mechanism of injury was unknown. The injured worker's prior treatments are noted to be ultrasound therapy, injections, and medications. The injured worker's diagnoses were noted to be fasciitis, ankle fracture, plantar nerve lesion, and sprain of ankle. A clinical evaluation on 06/10/2014 notes the injured worker with complaints of continued pain and swelling. She reports that compression from the shoe had been painful with prolonged standing and walking while at work. She noted the sclerosing therapy injection had been helpful with keeping her in shoes, avoiding surgical intervention, and keeping her at work. The physical examination noted continued pain with palpation of the third inner space of the foot with shooting pain to the 3rd and 4th digits on the left side. She continued to have swelling and edema. The treatment plan was for alcohol sclerosing therapy injection and a follow-up appointment in 3 to 4 weeks. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arizona brace purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Bracing (immobilization).

**Decision rationale:** The request for an Arizona brace purchase is not medically necessary. The Official Disability Guidelines do not recommend, in the absence of a clearly unstable joint, bracing. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. The injured worker does not have symptoms or objective data to support an unstable joint. According to the guidelines bracing is not recommended. Therefore, the request for Arizona brace purchase is not medically necessary.