

Case Number:	CM14-0091650		
Date Assigned:	07/25/2014	Date of Injury:	08/19/2002
Decision Date:	11/14/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 42 year old male who sustained a work related injury on 08/19/2002. The mechanism of injury is unknown. Progress report dated 04/15/2014 states the patient was seen for an injury to his right foot, ankle, and right knee. It is noted that he has been treated with bracing, medications, corticosteroid injections, and orthotics. He has used an Air-stirrup brace and he reported that it is worn out. Without it, he notes stiffness and pain in the morning. He reported occasional electrical symptoms and cramping out into his toes. He noted persistent pain in the anterior and medial aspects of the knee and swelling in the foot and ankle. On examination, the ankle revealed dorsiflexion at 10 degrees on the right and 15 degrees on the left; plantar flexion at 35 degrees on the right and 45 degrees on the left; inversion at 20 on the right and 30 on the left and eversion at 15 degrees bilaterally. The patient is diagnosed with chronic lateral impingement with soft tissue injuries, right ankle, and status postindustrial injury. He has been recommended for one Air Stirrup ankle brace. Prior utilization review dated 05/17/2014 by [REDACTED] states the request for 1 Air Stirrup ankle brace is denied 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:

1 Air Stirrup ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Pages 371-372. 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): 371-372,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Bracing (immobilization)

Decision rationale: Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis, which are not indicated in the medical records as this patient's diagnoses. They also state that putting joints at rest in a brace should be for as short a time as possible. Finally, they state that immobilization is not recommended in the absence of clearly unstable joints, which is not established in the medical records. The medical necessity of this request is not established.