

Case Number:	CM14-0091686		
Date Assigned:	07/25/2014	Date of Injury:	02/05/2014
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old injured male worker was reportedly injured on February 5, 2014. The mechanism of injury is noted as stepping in a hole. The most recent progress note dated March 28, 2014, indicates that there are ongoing complaints of right ankle and instability. Current medications include Ibuprofen. The physical examination demonstrated mild swelling at the right ankle and instability with varus stress testing and an anterior drawer on both sides. Diagnostic imaging studies of the right ankle showed a large osteophyte along the medial aspect. Weight-bearing and stress x-rays showed similar arthritic changes as well as significant instability with both ankles. A different ankle brace and physical therapy was recommended. Previous treatment includes ankle bracing. A request was made for a right ankle stirrup trainer and stabilizer. It was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle stirrup trainer for the right ankle: Overturned

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

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

Decision rationale: A subsequent review dated July 15, 2014, also did not certify the use of an ankle stabilizer and stated there was no documentation of instability. On a progress note dated March 28, 2014, the injured employee does complain of ankle instability and there's instability documented on physical examination as well as on stress radiographs. For this reason, this request for an ankle stirrup trainer is medically necessary.

Ankle stabilizer for the right ankle: Overturned

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

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

Decision rationale: A subsequent review dated July 15, 2014, also did not certify the use of an ankle stabilizer and stated there was no documentation of instability. On a progress note dated March 28, 2014, the injured employee does complain of ankle instability and there's instability documented on physical examination as well as on stress radiographs. For this reason, this request for an ankle stirrup trainer is medically necessary.