MAXIMUS Federal Services

Case Number:	CM13-0011619		
Date Assigned:	03/10/2014	Date of Injury:	07/27/1995
Decision Date:	01/23/2015	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal 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 an injured worker with a history of knee sprain and strain, lumbar sprain and strain, acquired deformity of ankle and foot, osteoarthrosis of ankle and foot, lower leg arthropathy, and subtalar fusion. Date of injury was July 27, 1995. The progress report dated June 10, 2013 documented that the patient has used a double upright brace since 1999. The purpose of the brace was to restrict his ankle joint motion and provide him with increased stability to his ankle joint. The brace apparently fractured where it went into the shoe and needs to be replaced. The Klenzak brace was prescribed on June 10, 2013. The Utilization Review determination date was August 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Klenzak Brace, Right Knee (Rx dated 06-10-13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine

(ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints, Table 14-6, Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) indicates that prolonged supports or bracing without exercise (due to risk of debilitation) is not recommended. The progress report dated June 10, 2013 documented that the patient has used a double upright brace since 1999. The purpose of the brace was to restrict his ankle joint motion and provide him with increased stability to his ankle joint. The Klenzak brace was prescribed on June 10, 2013. The Utilization Review determination date was August 1, 2013. No physical examination was documented in the 6/10/13 progress report. No diagnoses were documented in the 6/10/13 progress report. Without documentation of physical examination or diagnosis, the medical records do not provide support for the Klenzak brace that was prescribed on June 10, 2013. Therefore, the request for Klenzak Brace is not medically necessary.