

<b>Case Number:</b>	CM14-0195420		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Interventional Spine 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 54 year old female with an injury date on 04/08/2014. Based on the 11/05/2014 progress report provided by the treating physician, the diagnoses are: 1. Osteoarthritis of the ankle. 2. Posterior tibial tendonitis. According to this report, the patient complains of continue stiffness in the left ankle. Pain is rated a 4/10. Symptoms are made "worse by prolonged walking and alleviated by splinting the injured extremity, Tylenol. The pain is associated with limited range of motion of the joint and limping." Physical exam reveals pain in the area of the posterior tibial tendon with palpation and with toe raises. There were no positive findings of the neurological, sensory, and motor exam. X-ray of the left ankle shows "hardware without migration or loosening, fracture well aligned, fracture is healed; there is an osteophyte on the medial aspect of the distal fibula at the level of the tibio talar joint ankle mortise intact." Patient treatment to date consists of injection with temporary relief. Current medications are Oxycodone-Acetaminophen, Ondansetron, and Ibuprofen. The treatment plan is continues physical therapy and use of an Arizona brace. There were no other significant findings noted on this report. The utilization review denied the request for AZ Brace on 11/10/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 04/08/2014 to 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AZ Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Arizona Brace

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle/foot chapter for: Bracing (immobilization)

**Decision rationale:** According to the 11/05/2014 requesting report, this patient presents with continue stiffness in the left ankle. The current request is for AZ Brace. Regarding bracing, ODG guidelines state "Not recommended in the absence of a clearly unstable joint. 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." In this case, the treating physician did not document that the patient has instability of the ankle joint to warrant a brace. ODG support the use of a brace in "unstable joint." The current request is not medically necessary.