

Case Number:	CM14-0198302		
Date Assigned:	12/08/2014	Date of Injury:	06/18/1997
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 injured worker sustained a work related injury on June 18, 1987. The exact mechanism of the work related injury was not included in the documentation provided. An Orthopedic Physician's note dated October 20, 2014, noted the injured worker with complaints of low back, right ankle, and right knee pain, with pain in the SI joint. A lumbar spine MRI dated September 10, 2014 was noted to show some facet hypertrophy but otherwise no evidence of disc herniation or spinal stenosis. Physical examination was noted to show lumbosacral spinal tenderness with palpation. The Physician noted the diagnoses as lumbar strain, lumbosacral strain, knee bursitis, chondromalacia of patella, and degenerative arthritis of the right ankle. The Physician requested authorization for an air or gel cast/brace for the right ankle. On October 29, 2014, Utilization Review evaluated the request for an air or gel cast/brace for the right ankle, citing The Official Disability Guidelines (ODG) Ankle and Knee Chapter. The UR Physician noted the injured worker with complaints of pain in the right ankle, however there was no documentation noting abnormal examination findings for the ankle, including stability. The UR Physician noted the request for an air or gel cast/brace for the right ankle was not indicated as medically necessary and reasonable, and therefore non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Air or gel cast/brace for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition (web) 2014, Ankle and Foot

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

Decision rationale: Pursuant to the Official Disability Guidelines, air or gel cast/brace for the right ankle is not medically necessary. Semi-rigid ankle support guidelines according to the ODG state for ankle sprains, the use of an elastic bandage has fewer complications than taping it appears to be associated with slow return to work and more reported instability in a semirigid ankle sport. A period of immobilization and a below knee cast or air cast results in more rapid recovery from ankle sprains (severe) compared with the current clinical practice of mobilization after a severe sprain. In this case, a review of the progress note dated December 3, 2014 states the chief complaint was recheck knee pain. Physical examination shows normal reflexes of both ankles with no physical examination addressing any ankle abnormalities or injuries. Under the assessment and plan it states the degenerative arthritis of the right ankle. There is no discussion of instability or swelling present. Consequently, absent the appropriate clinical findings to support the use of the semi-rigid ankle support, air or gel cast/brace for the right ankle is not medically necessary.