

Case Number:	CM14-0202694		
Date Assigned:	12/15/2014	Date of Injury:	03/06/2012
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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 is a 50 year old female who suffered a work related injury on 03/06/12 as she was walking in a parking lot. She suffered an axially loading inversion injury of her foot and ankle and a second axially loading inversion injury to her foot and ankle when leaving work that same day. Diagnoses include sprain, pain in limb, and plantar fascial fibromatosis. She was treated with surgery (right reconstruction of right lateral right ankle ligament complex 09/25/12), physical therapy, and durable medical equipment. Per the physician notes from 01/07/14 she complains of heel spur on the plantar aspect of her right heel. Mild pain is reported to direct palpation at the plantar fascial band insertion at the right plantar calcaneus heel. No ligamentous laxity of the right ankle was noticed and no edema or ecchymosis was observed. No physical examination findings were included of the knees. The recommended treatment was stretching exercises to her plantar fascia, physical therapy, avoiding walking barefoot, and new foot orthotics (old ones worn). Later, a request for a soft interface below knee SE left and right, and a foot longitude metatarsal support left and right was made without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Soft interface below knee SE-Left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340-346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, there was insufficient evidence to suggest a knee support was medically necessary, as there was no signs of an acute injury and no physical examination findings suggestive of a knee problem. Therefore, both the right and left knee braces will be considered medically unnecessary without supportive documentation.

1 Soft interface below knee SE-Right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340-346.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, there was insufficient evidence to suggest a knee support was medically necessary, as there was no signs of an acute injury and no physical examination findings suggestive of a knee problem. Therefore, both the right and left knee braces will be considered medically unnecessary without supportive documentation.

1 Foot longitud/metatarsal Sup-Left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot section, Bracing

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more

favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, there was insufficient evidence to suggest a foot/ankle support was medically necessary, as there were no signs of an acute injury and no physical examination findings suggestive of laxity. Therefore, both the right and left foot braces will be considered medically unnecessary without supportive documentation.

1 Foot longitud/metatarsal Sup-Right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot section, Bracing

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, there was insufficient evidence to suggest a foot/ankle support was medically necessary, as there were no signs of an acute injury and no physical examination findings suggestive of laxity. Therefore, both the right and left foot braces will be considered medically unnecessary without supportive documentation.