

<b>Case Number:</b>	CM14-0204722		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 59-year-old woman who sustained a work related injury on May 15, 2014. Subsequently, she developed chronic upper and lower extremities pain. According to a progress report dated October 14, 2014, the patient had completed a pain diagram indicating pain to the bilateral shoulder area with stabbing pain in the bilateral wrists and pins and needles to the right thumb. She also indicated stabbing pain in the lower back, right upper thigh, right ankle, left knee, and left ankle with pins and needles in the lower back and pain in the bottoms of both feet. The pain level was rated a 5/10 at rest and a 10/10 with activity. On examination, the patient was able to fully flex the toes, symmetrically so. Both lower extremities demonstrated good range of motion at the ankle. Subtalar rotational movements were limited on the right. The right ankle was stable to clinical testing. The stability was confirmed by a normal anterior drawer test. Reflexes were brisk, symmetrical, and equal at the ankle heel cord. Sensation was normal in the right lower extremity. The patient was diagnosed with chronic sprain/strain of the right ankle and heel, and status post right ankle surgery. The provider requested authorization for DME purchase of one Sweedo brace for right foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase of one Sweedo brace for right foot and ankle:** 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.

**Decision rationale:** According to MTUS guidelines, ankle brace is recommended in case of acute ankle injury or acute swelling for a short period of time. It is not recommended for prolonged time. There is no documentation of recent acute ankle injury and the duration of the requested bracing was not documented. Therefore, the request for DME purchase of one Sweedo brace for right foot and ankle is not medically necessary.