MAXIMUS Federal Services

Case Number:	CM14-0036140		
Date Assigned:	06/23/2014	Date of Injury:	01/25/2000
Decision Date:	01/28/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 (IW) is a 45-year-old man with a date of injury of January 25, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are morbid obesity; spinal spondylolisthesis; and left knee arthrosis with internal derangement. Pursuant to the progress note dated January 15, 2014, the IW complains of sharp pain in both knees, and low back pain. Objective physical findings reveal tenderness to palpation and tightness in the paralumbar musculature. There are muscle spasms. Range of motion is limited. Examination of the left knee reveals full range of motion. Crepitus is noted. There are no subjective or objective complaints or findings referable to the ankle. The treatment plan recommendations include medication refills including Naproxen, Norco, Prilosec, Xanax, topical cream, lumbar support and left ankle brace. The current request is for a left ankle brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section; Orthotic devices, Immobilization

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, left ankle brace for purchase is not medically necessary. Ankle bracing is not recommended in the absence of a clearly unstable joint. See the guidelines for additional details. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See the Official Disability Guidelines for details. In this case, the injured workers working diagnoses are morbid obesity; spinal spondylolisthesis; and left knee arthrosis with internal arrangement in a progress note dated January 15, 2014. The latest progress note in the medical record is January 15, 2014. There are no subjective complaints or objective findings referable to the ankle. There are no diagnoses referable to the ankle. Consequently, there is no clinical indications for ankle immobilization or an orthotic device. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, left ankle brace for purchase is not medically necessary.