

Case Number:	CM15-0001280		
Date Assigned:	01/12/2015	Date of Injury:	06/14/2013
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 6/14/2013. She has reported left leg pain. The diagnoses have included unspecified ankle sprain and osteoarthritis of the ankle/foot. Treatment to date has included conservative measures. Magnetic resonance imaging of the left ankle, dated 6/10/2014, was normal. Currently, the injured worker complains of worsening left ankle pain and instability without use of ankle brace. She was not using ankle brace due to velcro issues and requested a new brace. Moderate swelling was noted to the lateral side of the ankle with tenderness on the lateral malleolus. She was unable to toe walk and heel walk. Pain was rated 7/10 on average, and was aggravated by weight bearing and walking. An orthopedic consult was pending. Per the doctor's note dated 11/21/14 patient had complaints of 7/10 left foot pain. Physical examination of the left ankle revealed tenderness on palpation, limited range of motion. The medication list include Naproxen and Ultram. The patient has used a left ankle brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Arizona ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Page 376.

Decision rationale: Request: One Arizona ankle brace. The ACOEM guidelines state, 'Not recommended-Prolonged supports or bracing without exercise (due to risk of debilitation).' Response to conservative treatment including PT and medication was not specified in the records provided. Response to 'off the shelf' prefabricated orthotics is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Any evidence of instability of the ankle on exam is not specified in the records provided. The medical necessity of the request for One Arizona ankle brace is not fully established for this patient.