

Case Number:	CM15-0004747		
Date Assigned:	01/16/2015	Date of Injury:	03/30/2012
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey
 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:

This injured worker is a 58 year old female, who sustained an industrial injury on March 30, 2012. The mechanism of injury was a slip and a fall. The injured worker has reported an injury to her neck, left ankle, left hand and left wrist. The diagnoses have included a left insertional Achilles tendinitis. Treatment to date has included pain medication, physical therapy, a fracture brace walker and an MRI of the left ankle and wrist. The MRI of the left ankle and left wrist done in 2012 revealed a torn Achilles tendon and triangular fibrocartilage tear. Current documentation dated November 26, 2014 notes that the injured worker reported constant left ankle pain with walking and sometimes with rest. Physical examination of the left ankle revealed weakness and a decreased range of motion. The injured worker occasionally uses a walking boot. Tenderness was noted over the Achilles tendon. On December 8, 2014 Utilization Review non-certified a request for the purchase of a Dorsiflexion stop (neutral) ankle foot orthosis brace for the left ankle. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of a Dorsiflexion stop (neutral) ankle foot orthosis brace for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Dorsiflexion stop (Neutral) AFO brace, left ankle, per 12/4/14 form qty 1.00:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 10/29/14), Ankle foot orthosis (AFO)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

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, she reported that her fracture brace walker, which she had been using regularly, provided some relief with her left ankle pain, however she reported it was not comfortable to wear. She was then offered the dorsiflexion stop (Neutral) AFO brace to use instead of the walker. However, there was no indication found in the documentation that any type of brace was appropriate to continue at this point as she had no laxity of the ligaments/tendons/joints of the left ankle. Transition into partial weight bearing is recommended over continuation with any brace. Therefore, the dorsiflexion stop (Neutral) AFO brace will be considered medically unnecessary.