

Case Number:	CM15-0132218		
Date Assigned:	07/20/2015	Date of Injury:	05/22/2014
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female, who sustained an industrial injury on 5-22-2014. She reported slipping and falling, twisting her left knee and ankle and hitting her head. Diagnoses have included persistent migrainous headaches, neck pain, low back, right groin, bilateral knee and left ankle pain. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 5-18-2015, the injured worker reported that her sciatica pain was decreasing since starting acupuncture. She was taking Norco and Zanaflex. She reported that the use of medications reduced her pain from seven to eight out of ten to two to three out of ten. Objective findings revealed tenderness across the lumbosacral junction over to the right sacroiliac joint. She had positive FABER's maneuver on the right for both hip pain and pain in the right knee. There was crepitus with flexion and extension of the right knee. She had pain in both ankles with inversion and eversion. Authorization was requested for an ankle support-turbogrip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle support-turbogrip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Bracing (immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing (immobilization).

Decision rationale: Per the ODG guidelines with regard to bracing: Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) After Achilles tendon repair, patients splinted with a functional brace rather than a cast post-operatively tended to have a shorter in-patient stay, less time off work and a quicker return to sporting activities. There was also a lower complication rate (excluding rerupture) in the functional brace group. Per the documentation submitted for review, the injured worker had pain in both ankles with inversion and eversion. It was noted that with medications she was able to move around and walk or bear weight, go through the supermarket and grocery store and do her shopping. There was no rationale as to why ankle support was necessary. The request is not medically necessary.