

Case Number:	CM15-0141815		
Date Assigned:	07/31/2015	Date of Injury:	11/06/1984
Decision Date:	08/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male, who sustained an industrial injury on 11-6-84. He reported injury to his knees, feet and back related to a motor vehicle accident. He had several surgeries including an open reduction and internal fixation of the left trimalleolar ankle fracture with retained hardware. The injured worker was diagnosed as having bilateral knee degenerative joint disease, degeneration of the lumbar disc, thoracic vertebral fracture closed and lumbar vertebral fracture closed. Treatment to date has included an intrathecal pain pump, Celebrex, Cyclobenzaprine, Diazepam, Dilantin, Lyrica, Meperidine and Tramadol. As of the PR2 dated 5-26-15, the injured worker reported aching and burning in the lower back. The treating physician noted that the injured worker is not fully weight bearing and presented to the appointment in a wheelchair with knee complaints. The treating physician requested a left ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Ankle & Foot Procedure Summary, 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, pages 10-11.

Decision rationale: Per ODG, ankle/foot bracing for immobilization is not recommended in the absence of clearly defined unstable joint not demonstrated here. Immobilization and bracing may be appropriate for diagnoses of unstable joint and post-surgical Achilles tendon repair, not seen here. For the treatment of mild to moderate ankle sprains, systemic review of studies indicate functional treatment options such as elastic bandaging, taping with associated coordination training were statistically better than immobilization with bracing. Submitted reports have not demonstrated the indication, remarkable clinical findings, or defined diagnoses for this bracing. The Left ankle brace is not medically and appropriate.