

Case Number:	CM15-0142126		
Date Assigned:	07/31/2015	Date of Injury:	03/08/2012
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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 53 year old male, who sustained an industrial injury on March 8, 2012. Treatment to date has included MRI of the left foot and ankle, orthotics, and work restrictions. Currently, the injured worker complains of recurrent left foot and ankle pain. He reports that his pain has worsened in the past three-four weeks and reports and exacerbation of symptoms due to increased weight bearing activities and walking on uneven ground. He reports that his pain occurs in the morning and then pain increases throughout the day. He reports that his pain level also varies depending on his work conditions. He reports that he has noticed more swelling medially. On physical examination the injured worker's left foot digits were cool to touch and he had discolored skin. He had healed pin scars on the lateral and medial and aspect of the foot and the hair distribution was symmetrical. He had full symmetrical passive range of motion of the subtalar, midtarsal and ankle joints bilaterally. Manipulation of the ankle, midlarsal and subtalar joints were painful with range of motion. He had crepitus noted with the subtalar joint range of motion. The injured worker had a markedly pronated left foot during ambulation and had improvement with the use of orthotics. The diagnoses associated with the request include diffuse posttraumatic arthritis. The treatment plan includes MRI without contrast of the left ankle, work restrictions and ASO 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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

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, post-surgical Achilles tendon repair, and ankle fractures 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.