

Case Number:	CM15-0163515		
Date Assigned:	08/31/2015	Date of Injury:	08/30/2010
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 41 year old male, who sustained an industrial injury on August 30, 2010. He reported an injury to his left ankle and distal leg region. The injured worker was diagnosed with a lateral malleolar fracture and had an open reduction and internal fixation of the left ankle. Treatment to date has included open reduction and internal fixation of a left ankle fracture, arthroscopic debridement, orthotics, opioid medications, and diagnostic imaging. Currently, the injured worker complains of left foot and left ankle pain. On physical examination the injured worker has tenderness of the distal left leg, the calf area, the left ankle and sole of the left foot. He reports pain in the bilateral hips. The diagnoses associated with the request include status post left distal fibular diaphysis fracture, left calcaneal fracture, status post left foot surgery, and left ankle-foot neuropathic pain. The treatment plan includes Norco, Gabapentin, Arizona boot and surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arizona Boot Left Ankle Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot- Arizona Brace.

Decision rationale: Arizona brace left ankle purchase is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that bracing/immobilization is not recommended in the absence of a clearly unstable joint. There are no quality published studies specific to the Arizona Brace. The MTUS does not support prolonged bracing or supports for the ankle without exercise due to risk of immobilization. The documentation does not reveal extenuating factors or a rationale that would necessitate prolonged immobilization of the left ankle with an Arizona Boot therefore this request is not medically necessary.