

Case Number:	CM15-0163720		
Date Assigned:	08/31/2015	Date of Injury:	01/19/2010
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 19, 2010. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for an ankle support. The claims administrator referenced an RFA form received on August 6, 2015 in its determination. The claims administrator, it was incidentally noted, failed to incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing complaints of ankle pain status post earlier ankle surgery. A well-healed surgical incision was noted. The applicant exhibited a slightly antalgic gait. An ankle brace was endorsed. The applicant was returned to regular duty work. Only mild tenderness was noted. The applicant did exhibit normal stability about the injured ankle with provocative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ASO ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG guidelines, Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: No, the request for an ankle brace/ankle support was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, usage of prolonged supports and/or bracing without exercise is deemed "not recommended" owing to the risk of debilitation. Here, the July 27, 2015 progress note did not clearly state why an ankle brace is being endorsed at this late stage in the course of the claim. The applicant had already returned to regular work, it was reported on that date and exhibited normal stability on provocative testing. It did not appear that the applicant sustained any kind of acute sprain and/or contusion injury which would have compelled provision of the ankle support in question. It was not stated how (or if) the proposed ankle support would have advanced the applicant's overall activity level. Therefore, the request was not medically necessary.