

Case Number:	CM15-0191404		
Date Assigned:	10/05/2015	Date of Injury:	05/18/2015
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on 05-18-2015. Computed tomography imaging of the right ankle performed on 07-23-2015 showed chronic subchondral cystic changes within the anterolateral tibia and to less extent the adjacent distal fibular neck possibly root related to old chronic trauma currently no fractures evident, subtalar joints with mild chronic degenerative arthritic changes with chondral loss and osteophytic ridging posteriorly, mild chronic posterior calcaneal spurring at the Achilles tendon insertion site and chronic plantar fasciitis. According to a progress report dated 08-24-2015, the injured worker continued to have pain in the right foot and ankle aggravated by activity. He was currently not working. During his last encounter, he was placed into a Litefoot walker on a trial basis. His pain was better but it was too heavy. Objective finding were noted as unchanged. Diagnoses included right hindfoot arthritis, right ankle arthritis and difficulty walking. The treatment plan included an Arizona brace. On 09-04-2015, Utilization Review non-certified the request for 1 Arizona brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Arizona Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arizona Brace.

Decision rationale: Guidelines state that the Arizona brace is not recommended in the absence of an unstable joint. In this case, the patient is suffering from ankle arthritis but there are no discussions about instability or the need to immobilize the joint. The request for Arizona brace is not medically necessary.