

Case Number:	CM15-0191415		
Date Assigned:	10/05/2015	Date of Injury:	09/16/2004
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
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, Tennessee

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 37-year-old male with an industrial injury date of 09-16-2004. Medical record review indicates he is being treated for posttraumatic pantalar arthritis, worse at tibiotalar joint. Subjective complaints (08-26-2015) included right ankle and hind foot pain. The provider indicates the injured worker is post fracture of the talus with surgical fixation (2004). "The patient has done well but has had issues with chronic pain." The injured worker noted the pain was worse in the morning, with activity and slightly improved with rest. Work status (08-26-2015) is not indicated. Prior medications are documented as non-steroidal anti-inflammatory drugs. Current medication (08-26-2015) is documented as "none listed". Objective findings (08-26-2015) included antalgic gait with "some" swelling at the ankle and hind foot. Subtalar and transverse tarsal range of motion was limited. There was tenderness primarily at the anterolateral and posterior aspect of the ankle joint. The treating physician documented right ankle x-ray ("reviewed in clinic today") as revealing retained hardware within the talus. "There are degenerative changes at the talonavicular, subtalar and tibotalar joints. The degenerative changes are worse at the tibiotalar joints."The treating physician noted operative and non-operative treatment modalities were discussed with the injured worker. "At this point we will continue with non-operative management." The treatment plan included AFO type Richie brace and referral to a pain management specialist. A pain specialist previously managed the treating physician documented in the 08-26-2015 treatment note the injured worker. On 09-11-2015 the request for the following treatments was non-certified by utilization review: Pain Management referral, Qty 1 Custom Ritchie style ankle brace, Qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Ritchie style ankle brace, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Semi rigid ankle support; Ankle foot orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Leg: Ritchie brace, Bracing.

Decision rationale: Ankle bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. According to a systematic review of treatment for ankle sprains, for mild-to-moderate ankle sprains, functional treatment options (which can consist of elastic bandaging, soft casting, taping or orthoses with associated coordination training) were found to be statistically better than immobilization for multiple outcome measures. It is recommended to use a brace or a tape to prevent a relapse after ankle sprain, but also to phase out the use of brace or tape in time. In this case, it is documented that the patient has a normal gait. Documentation does not support the presence of an unstable joint. Medical necessity has not been established. The request is not medically necessary.

Pain Management referral, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines: Stat of Colorado Dept of Labor & Employment, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating- Symptoms located at multiple sites- Symptoms that do not respond to initial therapies- Escalating need for pain medication. In this case the patient has pain in back and right ankle and is managed without medications. There is no documentation that the patient has failed initial therapies, has symptoms that are debilitating, or has an escalating need for medication. Medical necessity has not been established. The request is not medically necessary.

