MAXIMUS Federal Services

Case Number:	CM15-0193719		
Date Assigned:	10/07/2015	Date of Injury:	01/21/2014
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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 31-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 21, 2014.In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for an ankle brace apparently ordered on August 24, 2015.The applicant's attorney subsequently appealed. On an RFA form August 25, 2015, an ankle brace was endorsed. On an associated progress note dated August 24, 2015, the applicant reported ongoing complaints of ankle pain. The applicant's ankle brace was reportedly broken. The applicant was using a cane to move about, it was reported. Pain about the ankle to include the subtalar joint was noted. The applicant contended that she was unable to walk without the aid of a cane. The applicant was placed off of work, on total temporary disability. A replacement ankle brace was sought. The applicant was given a diagnosis of painful gait and instability of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle brace for the left ankle x1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Activity Alteration.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for an ankle brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the prolonged usage of supports or bracing without exercise is deemed "not recommended" in the evaluation and management of applicants with ankle and foot pain complaints, as were/are present here, owing to the risk of debilitation. Here, the attending provider's August 24, 2015 office visit did not clearly state why the applicant needed to continue using an ankle brace some 17 months removed from the date of injury. The attending provider did not state why a cane alone would not suffice. The attending provider made no mention of the applicant's employing the ankle brace in conjunction with an exercise program. The fact that the applicant was off of work, on total temporary disability, as of the date in question, strongly suggested that the applicant was not, in fact, intent on employing the proposed brace in conjunction with an exercise program. Therefore, the request was not medically necessary.