Case Number:	CM15-0194001		
Date Assigned:	10/08/2015	Date of Injury:	09/29/2014
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
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: New Jersey
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on September 29, 2014. The injured worker was diagnosed as having aftercare for healing traumatic fracture of foot and left foot joint pain. Treatment and diagnostic studies to date has included medication regimen, use of ice, use of compression stockings, at least 33 sessions of physical therapy, acupuncture, laboratory studies, use of a cane, use of a Dynasplint, injection, status post ankle surgery, x-rays of the left ankle with placement of hardware, and use of a lace up brace. In a progress note dated July 27, 2015 the treating physician reports continued severe pain to the back and in front of the ankle that was noted to be exacerbated by exercises. Examination performed on July 27, 2015 was revealing for decreased range of motion to the left ankle with pain to the lateral and posterior regions, but was noted to be "mildly improved", "mild" Achilles and heel pain with palpation, pain with weight bearing to the lateral and Achilles regions, and a favoring left gait that was noted to "improve". The injured worker's pain level on was rated a 6 out of 10. The treating physician noted that the injured worker uses a Dynasplint since at least prior to May of 2015 and "feels that it is beneficial" and noted "mildly improved" range of motion to the left ankle, but the progress note did not include the degrees of range of motion prior to use of the Dynasplint and with the use of the Dynasplint to determine the effects with the use of this product. On July 27, 2015 the treating physician requested an extension of ankle dorsiflexion Dynasplint time three months noting current use of the device. On September 24, 2015 the Utilization Review determined the request for ankle dorsiflexion Dynasplint times 3 months to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle dorsiflexion dynasplint x3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Bracing.

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, there was many months of ankle brace use (lace-up and Dynasplint) with minimal to no reported functional gains directly from its use. No recent record submitted for review showed instability to warrant ongoing use of an ankle splint. Also, it is not clear as to why the worker would need a replacement of his splints as he already owns at least one. Therefore, this request is not medically necessary at this time.