

Case Number:	CM15-0200218		
Date Assigned:	10/15/2015	Date of Injury:	08/28/2013
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 48-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of August 28, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for an ankle brace. The claims administrator referenced a September 4, 2015 RFA form and an associated August 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 4, 2015 RFA form, an ankle brace was sought. On an office visit dated August 14, 2015, the applicant reported ongoing complaints of foot and ankle pain. The applicant was obese, with BMI of 33, it was reported. The applicant exhibited limited range of motion about the ankle with tenderness about the Achilles, peroneal, and posterior tibialis tendons. The applicant was given diagnoses of foot pain, ankle pain, and supposed reflex sympathetic dystrophy (RSD). The applicant did not exhibit any swelling about the injured foot or ankle, it was reported. The attending provider contended that the applicant's pain complaints represented generalized pain associated with reflex sympathetic dystrophy. The applicant was returned to regular duty work. Voltaren gel was endorsed. There was no specific mention of the need for the ankle brace. MRI imaging of the foot dated July 6, 2015 was interpreted as negative. MRI imaging of the ankle dated July 6, 2015 was notable for chronic or partial sprains of the anterior talofibular, superficial, and deep deltoid ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle stirrup brace for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Immobilization; semi-rigid ankle support.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: No, the request for an ankle brace for ankle pain was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, prolonged usage of ankle supports or bracing is deemed "not recommended," owing to the risk of debilitation associated with prolonged or protracted usage of the same. Here, the attending provider failed to furnish a clear or compelling rationale for provision of the ankle brace at issue on either a progress note of August 14, 2015 or on an RFA form September 4, 2015. The August 14, 2015 progress note did not explicitly discuss the need for the ankle brace. The applicant did not exhibit any ankle swelling on the date in question. It was not stated why introduction of ankle brace was needed approximately 2 years removed from the date of injury, on September 4, 2015, following an industrial injury of August 28, 2013. While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that edema control may be required in applicants with suspected complex regional pain syndrome (CRPS), i.e., one of the purported diagnoses here, the August 14, 2015 office visit explicitly stated that the applicant had no swelling present about the injured ankle and foot. Therefore, the request was not medically necessary.