

Case Number:	CM15-0200277		
Date Assigned:	10/15/2015	Date of Injury:	02/28/2001
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 2-28-01. Medical records indicate that the injured worker is undergoing treatment for post-traumatic right ankle arthritis, bilateral chronic lower extremity edema and a subtalar joint arthrodesis 12 years prior. The injured workers current work status was not identified. On (9-11-15) the injured worker complained of continued pain in the right and left ankles. Objective findings noted pain and tenderness along the subtalar joint and ankle joint of the bilateral lower extremities, right worse than the left. Treatment and evaluation to date has included medications, support hose and an Arizona brace. The treating physician noted that the injured worker had an Arizona brace which was made 10 years prior and was lost in a move. Current medications include Norco. The current treatment requests include a four point rolling walker and a right Arizona ankle brace. The Utilization Review documentation dated 9-25-15 non-certified the requests for a four point rolling walker and a right Arizona ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Arizona ankle brace: Upheld

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

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

Decision rationale: The patient presents with pain in bilateral ankles. The request is for Right Arizona ankle brace. Physical examination to the bilateral lower extremities on 09/11/15 revealed tenderness to palpation along the subtalar joint and ankle joints bilaterally, right greater than left. Patient's diagnosis, per 05/08/15 progress report includes 11 years status post subtalar joint arthrodesis and posttraumatic ankle arthritis, and bilateral chronic lower extremity edema. Patient's medication, per 05/08/15 progress report includes Norco. Patient's work status was not specified. MTUS/ACOEM, Ankle and foot complaints Chapter 14, Physical methods Section, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, under Ankle chapter, bracing (immobilization) Topic, "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." In progress report dated 09/11/15, the treater is requesting a new Arizona ankle brace fitted for the patient's right ankle. The treater further states that the last Arizona brace was made for the patient over 10 years ago and it has been lost and probably would not fit her now. ODG supports the use of braces only in patients with unstable joints and acute ankle sprains. The treater in this case has not documented ankle joint instability or acute ankle sprain for this patient. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.

Four point rolling walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rolling knee walker.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, under Walking aids Knee & Leg (Acute & Chronic) (Acute & Chronic) Chapter, under Walking aids.

Decision rationale: The patient presents with pain in bilateral ankles. The request is for Four point rolling walker. Physical examination to the bilateral lower extremities on 09/11/15 revealed tenderness to palpation along the subtalar joint and ankle joints bilaterally, right greater than left. Patient's diagnosis, per 05/08/15 progress report includes 11 years status post subtalar joint arthrodesis and posttraumatic ankle arthritis, and bilateral chronic lower extremity edema. Patient's medication, per 05/08/15 progress report includes Norco. Patient's work status was not specified. ODG Guidelines, Ankle & Foot (Acute & Chronic) Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states: "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. See the Knee Chapter." ODG Guidelines, Knee & Leg (Acute & Chronic) (Acute & Chronic) Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states:

"Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003)" In progress report dated 09/11/15, the treater is requesting permanent dispensing of a four-point rolling walker to allow the patient to walk more with less discomfort in her bilateral ankles. ODG guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Given the patient's continued pain and the guidelines support for walking aids, the request appears reasonable. Therefore, the request is medically necessary.