

<b>Case Number:</b>	CM15-0202089		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina

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 67 year old male, who sustained an industrial injury on 8-29-12. The injured worker is being treated for left ankle pain status post fracture of artificial joint and right hip pain. On 8-31-15, the injured worker complains of continued left ankle pain rated 5 out of 10 with medications and 9 out of 10 without medications; he stopped Norco due to stomach upset and nausea. He is currently not working. Objective findings dated 8-4-15 and 8-31-15 noted continued wearing of ankle orthosis, left ankle swollen, increased sensitivity with touch and palpation and no range of motion of left ankle. Treatment to date has included ankle brace, activity modifications, oral medications including Norco, Tylenol, Advil, topical medications and activity modifications. The treatment plan included request for AFO brace, prescription for Ibuprofen 800mg #60 and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional ankle foot orthosis (AFO) brace left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

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

**Decision rationale:** The ACOEM chapter on ankle complaints table 14-3 recommends:- Immobilization for ankle sprains in severe cases. The patient does have a diagnosis of ankle fracture with exam showing tenderness and swelling and loss of range of motion. The request however is for an additional brace. There is no documentation of failure or inability to use the current brace. Therefore, the request is not medically necessary.