

<b>Case Number:</b>	CM15-0203062		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Pennsylvania, Ohio, 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:

This 56 year old male sustained an industrial injury on 7-25-07. Documentation indicated that the injured worker was receiving treatment for left ankle sprain and strain, left knee sprain, history of fall due to instability of the left knee, compensatory left inguinal and right knee sprain and strain, depression, weight gain and insomnia. Previous treatment included crutches, cane, bracing and medications. In a PR-2 dated 9-4-15, the injured worker reported that his left ankle brace had torn and was not working properly. The injured worker was requesting a new ankle brace. The injured worker also stated that his left knee brace was getting old and not helping him as it used to. The injured worker stated that he walked with crutches the other day and that seemed to keep his balance "okay" but he could not walk for long distances. The injured worker also stated that he sometimes had left leg swelling. Physical exam was remarkable for left ankle with swelling, tenderness to palpation on the medial and lateral malleoli, range of motion "somewhat" restricted and intact ankle stability to varus and valgus stress testing, bilateral knees with tenderness to palpation on the medial joint line with unrestricted range of motion from 0 to 150 degrees and 1+ bilateral knee jerk and ankle jerk deep tendon reflexes. The injured worker had several small scabs on the left lower extremity with diffuse slight redness from the knee all the way to the ankle without purulent lesions. The injured worker's gait was antalgic and he was trying to favor the left knee, using a cane for ambulation. The treatment plan included re- requesting a sunbeam therapeutic heated mattress pad, requesting a house aid for four hours per day for three days per week, a refill of Biofreeze gel, Norco and Tramadol, a prescription for Promolaxin and requesting a left ankle brace. On 9-16-15, Utilization Review noncertified a request for left ankle brace.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left ankle brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

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

**Decision rationale:** ACOEM discourages the use of ankle bracing in a subacute or chronic situation to the risk of debilitation. The records in this case do not clearly document an alternate rationale or evidence of effectiveness for such treatment in the current chronic situation. This request is not medically necessary.