MAXIMUS Federal Services

Case Number:	CM15-0206539		
Date Assigned:	10/23/2015	Date of Injury:	06/28/2013
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 injured worker is a 29 year old female, who sustained an industrial injury on 6-28-2013. The injured worker was being treated for status post left ankle lateral ligament reconstruction. The medical records (4-14-2015) show the injured worker underwent a left ankle lateral ligament reconstruction, anterior talofibular ligament and calcaneofibular ligament. The injured worker (5-18-2015) reported swelling and tingling in the toes. The physical exam (5-18-2015) revealed healed incisions, and stiffness and weakness with dorsiflexion, plantar flexion, inversion, and eversion. The injured worker (7-27-2015) reported she was overall uncomfortable. The injured worker reported she had returned from out of town and was about to restart therapy. The physical exam (7-27-2015) revealed healed incision of the bilateral ankles and some deficits of with single heel raise on proprioception on the left versus the right. Treatment has included non-weight bearing with crutches, casting, a boot shoe, physical therapy, a lace brace, and medications including and non-steroidal anti-inflammatory. Per the treating physician (7-27-2015 report), the injured worker remains temporary totally disabled. The requested treatments included bilateral Malleotrain ankle braces (left & right ankles). On 9-29-2015, the original utilization review non-certified a request for bilateral Malleotrain ankle braces (left & right ankles).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral malleotrain ankle braces (left & right ankles): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle bracing.

Decision rationale: Guidelines do not recommend ankle bracing in the absence of a clearly unstable joint. In this case, the patient already had a lace up support brace and the current request was to help control edema and there was no mention of ankle instability. The request for bilateral Malleotrain ankle braces is not medically necessary and appropriate.