

Case Number:	CM15-0206832		
Date Assigned:	10/23/2015	Date of Injury:	06/20/2013
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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, 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:

This 63 year old man sustained an industrial injury on 6-20-2013. Diagnoses include right ankle and lower extremity polyneuropathy, right ankle sprain, right ankle medial malleolus fracture, right lower extremity peripheral arterial disease, right ankle pain, and right ankle loose body. Treatment has included oral medications. Physician notes dated 9-14-2015 show complaints of right ankle pain rated 8 out of 10 with radiation to the foot associated with numbness. The physical examination shows an antalgic gait with gross pain to the medial aspect of the ankle with palpable tenderness. No gross weakness or instability is noted. Recommendations include right ankle CT scan, ankle ASO brace, and follow up in four weeks. Utilization Review denied a request for an ankle ASO brace on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle ASO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th Edition, 20th Edition, 2015 Updates: Ankle chapter.

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

Decision rationale: In this case, the date of injury was 6/20/2013, which resulted in a right malleolar fracture. The patient subsequently underwent surgery over one year ago. The patient now complains of right ankle pain with radiation to the right foot with associated numbness. Physical examination reveals no instability of the ankle joint. The request is for an ASO ankle brace. ODG states that bracing is recommended with foot drop and during surgical/neurologic recovery. In this case, there is no indication of foot drop, weakness or instability requiring a brace. Surgery was over a year ago, so post-op bracing is no longer indicated. The patient has also utilized a hinged brace for the ankle in the past without benefit. Therefore, based on the above findings, the request is not medically necessary or appropriate.