MAXIMUS Federal Services

Case Number:	CM15-0022957		
Date Assigned:	02/12/2015	Date of Injury:	02/07/2004
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
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 41-year-old male who reported an injury on 02/07/2004. The mechanism of injury was a crush injury. He was diagnosed with an anterior process fracture of the calcaneus, crush injury, and traumatic arthritis. Past treatments were noted to include injections, topical analgesics, medications, trigger point injections, use of an ankle brace and use of an H-Wave stimulation unit. On 08/29/2014, it was noted that the injured worker complained of low back strain, an antalgic gait, and chronic foot and ankle pain. Physical examination revealed traumatic arthritis, post crush injury, and positive MRI and x-ray for anterior process fracture of the calcaneus. No specific physical examination findings were provided within the objective findings. It was noted that an ankle brace was dispensed for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Left Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: According to the California MTUS/ACOEM Guidelines, bracing for splinting joints should only be used for as short a time as possible after the injury. The clinical information submitted for review indicates that the injured worker is experiencing chronic ankle pain. However, there was no documentation of findings suggestive of instability on physical examination. In addition, the documentation indicated that the injured worker was previously given an ankle brace on 11/16/2014. Therefore, clarification would be needed regarding the need for an additional ankle brace. Additionally, the guidelines do not recommend ankle bracing after the acute phase of treatment. For these reasons, the request for retrospective left ankle brace is not medically necessary.