

Case Number:	CM15-0027280		
Date Assigned:	02/19/2015	Date of Injury:	10/01/2011
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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, Georgia
 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 52-year-old female, who sustained an industrial injury on 10/01/2011. The diagnoses have included chronic right ankle sprain and right shoulder sprain/strain, rotator cuff tear. Noted treatments to date have included aggressive walking program, ankle brace, injections, and medications. Diagnostics to date have included MRI of right ankle on 10/09/2012 revealed diffuse edema at the anterior aspect of the calcaneus, soft tissue edema, and small bone island in the calcaneus. In a progress note dated 01/29/2015, the injured worker presented with complaints of right ankle pain and low back pain. The treating physician reported the injured worker stated that she got her ankle brace which helps but it still gives out a lot. Utilization Review determination on 01/12/2015 non-certified the request for Ankle Brace citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle 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 (ODG) Ankle & Foot Chapter - Bracing (immobilization)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle, brace

Decision rationale: CA MTUS is silent of this issue of ankle bracing. ODG section on Ankle, Bracing states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. In the post-operative period of Achilles tendon repair, a brace may provide better return to function versus a cast. In younger patients with low risk ankle fractures, a removable brace is preferable to a cast. A brace or tape may be used to prevent relapse after an ankle sprain, but should be phased out over time. In this case, the records state that the claimant got her ankle brace but it is still giving out on her. The record doesn't clarify if it is the brace or the ankle. If it is the ankle, as new brace would not be expected to provide any more support, as there was no specific change to the brace order. If it is the brace, the record doesn't document any brace deficiencies and doesn't document any reason for a second ankle brace to be provided. Ankle brace is not medically necessary.