

<b>Case Number:</b>	CM15-0210924		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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

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 57 year old male, who sustained an industrial injury on 12-27-06. The documentation on 10-13-15 noted that the injured worker has complaints of bilateral ankle pain and chronic right ankle pain. The injured worker states his pain increases depending on his activity level in the weather and he experiences predictable fluctuation in pain. The injured workers ankle pain increases with weight-bearing for prolonged periods, as well as with remaining in static positions for prolonged periods and it improves with rest, elevation, ice and medication. The left ankle has tenderness to palpation lateral malleolus. Normal muscle tone without atrophy in right and left lower extremity. The documentation noted that the brace on his right ankle helps him tolerate walking with less pain. The documentation noted that the brace is wearing out. Left ankle X-ray on 8-14-15 revealed mild osteoarthritis of the ankle joint. Right ankle magnetic resonance imaging (MRI) on 3-7-11. Right ankle computerized tomography (CT) scan on 4-23-10. The diagnoses have included pain in left knee; pain in right ankle and joints of right foot; pain in left ankle and joints of left foot and pain in right knee. Treatment to date has included brace on right ankle; cane for assistance with ambulation; buprenorphine for pain; trazodone for insomnia; cymbalta for depression; naproxen as an anti-inflammatory; home exercise program and Functional Restoration Program. The original utilization review (10-22-15) non-certified the request for replacement right ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement right 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): Physical Methods.

**Decision rationale:** The patient was injured on 12/27/06 and presents with right ankle pain. The request is for a replacement of the right ankle brace. The RFA is dated 10/15/15 and the patient is permanent and stationary. MTUS/ACOEM, Ankle and foot complaints Chapter 14, Physical methods Section, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, under Ankle chapter, bracing (immobilization) Topic, 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. The patient is diagnosed with pain in left knee, pain in right ankle and joints of right foot, pain in left ankle and joints of left foot, and pain in right knee. Treatment to date includes brace on right ankle, cane for assistance with ambulation, medications, home exercise program, and Functional Restoration Program. The 03/07/11 MRI of the right ankle revealed probable disruption of the anterior talofibular ligament without change, obscuration of the deltoid ligament by metallic artifact, and interval instrumentation of the ankle with metallic artifact completely obscuring the previous noted large medial talar dome osteochondral lesion of the talus. The 10/13/15 treatment report states that the patient does continue to wear a brace on his right ankle on a daily basis. This helps him tolerate walking with less pain. His current brace is wearing out, and he is requesting a replacement. ODG supports the use of braces only in patients with unstable joints and acute ankle sprains. The treater in this case has not documented ankle joint instability or acute ankle sprain for this patient. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.