

Case Number:	CM15-0032767		
Date Assigned:	02/26/2015	Date of Injury:	02/18/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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 38-year-old male, who sustained an industrial injury on 2/18/2014. The diagnoses have included right ankle sprain. Treatment to date has included conservative treatments. Magnetic resonance imaging of the right ankle, dated 1/06/2015, noted evidence of a sprain of the anterior talofibular ligament and calcaneofibular ligament, osteoarthritic changes, small joint effusion of the tibiotalar joint and posterior subtalar joint, and mild tenosynovitis of the posterior tibialis tendon. Currently, the injured worker complains of right ankle pain and swelling. Exam of the right ankle revealed tenderness to palpation over the peroneal tendons, anterolateral ankle joint, and subtalar joint. Intact sensation was noted and myotomes tested 5/5 throughout the lower extremity. Current medications were not noted. Treatment plan included an orthotic UCBL brace, as well as a lace up brace, for transition out of Cam boot. On 2/13/2015, Utilization Review non-certified a request for a right ankle orthotic UCBL brace, and non-certified a request for a lace up ankle brace, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle orthotic UCBL 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 and Foot Chapter, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter 'Ankle & Foot (Acute & Chronic)' and topic Orthotic devices.

Decision rationale: The patient presents with right ankle pain and swelling. The request is for RIGHT ANKLE ORTHOTIC UCBL BRACE. The RFA provided is dated 02/10/15. Patient's diagnosis included right ankle sprain. MRI of ankle showed sprained ligaments along with arthritic joint changes. Patient is temporarily very disabled. ODG guidelines, Chapter 'Ankle & Foot (Acute & Chronic)' and topic Orthotic devices: "For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape." This patient presents with an ankle sprain for which an ankle brace is requested. However, there is lack of guidelines support for use of ankle brace, particularly during chronic phase. Elastic bandage is recommended instead. The request IS NOT medically necessary.

Lace up 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 and Foot Chapter, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter 'Ankle & Foot (Acute & Chronic)' and topic Orthotic devices.

Decision rationale: The patient presents with right ankle pain and swelling. The request is for LACE UP ANKLE BRACE. The RFA provided is dated 02/10/15. Patient's diagnosis included right ankle sprain. Patient is temporarily very disabled. ODG guidelines, Chapter 'Ankle & Foot (Acute & Chronic)' and topic Orthotic devices: "For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape." This patient presents with an ankle sprain for which an ankle brace is requested. However, there is lack of guidelines support for use of ankle brace, particularly during chronic phase. Elastic bandage is recommended instead. The request IS NOT medically necessary.