

Case Number:	CM15-0038099		
Date Assigned:	03/06/2015	Date of Injury:	02/27/2013
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/28/2015

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: New Jersey

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 65-year-old male, with a reported date of injury of 02/27/2013. The diagnoses include posterior tibial tendon dysfunction, right foot plantar fasciitis, and painful gait. Treatments have included a cane, injection therapy, night splints, topical medications, and oral medications. The progress report dated 02/11/2015 indicates that the injured worker continued to have symptoms regarding his right foot. He stated that his right foot had become progressively worse due to the continuation of the delays in the treatment. The physical examination showed pes planus deformity of the right foot with complete loss of the medial arch of the foot, no swelling, deep tendon reflexes for the Achilles and patellar tendons were 2+/4 bilaterally, continued weakness of the right foot, active inversion was 3/5 and eversion and inversion was 3/5, significant loss of the medial longitudinal arch of the right foot, inability to perform toe-walking, toe-standing, squatting, and crouching, difficulty with walking and gait, and difficulty with weight-bearing. The treating physician requested a right ankle brace. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, who has significant plantar fasciitis and pes planus of the right foot, there was insufficient evidence to support the request for a right ankle brace. There was no evidence of instability of the ankle joint or recent re-injury to the area (sprain/strain) which might have helped justify this request. Therefore, the right ankle brace is medically unnecessary.