MAXIMUS Federal Services

Case Number:	CM15-0041203		
Date Assigned:	03/25/2015	Date of Injury:	12/23/1995
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 67-year-old male, who sustained an industrial injury on 12/23/1995. He has reported subsequent left shoulder and bilateral ankle pain and was diagnosed with left shoulder rotator cuff tear and labrum tear and bilateral ankle/foot soft tissue injury. Treatment to date has included oral pain medication, physical therapy, bracing and surgery. In a progress note dated 01/07/2015, objective findings were notable for slight pain with abduction of the left shoulder, slight tenderness of the rotator cuff, decreased range of motion of the left shoulder and tenderness of tendons and ligaments in the ankle and foot. The physician noted that a left ankle brace would be ordered and that the injured worker already had a right ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase Left 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Bracing (immobilization).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DME purchase left ankle brace is not medically necessary. The ACOEM (ankle and foot complaint, physical methods, table 14-3) recommended ankle brace for a forefoot sprain. The guidelines do not suggest bracing or immobilization in the absence of a clearly unstable joint. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left shoulder, rotator cuff tear and labrum tear; right ankle/foot soft tissue injury; and left ankle/soft tissue injury. The treatment plan indicates the injured worker has a right ankle brace for the right ankle. The injury dates back to 1995. The documentation does not contain a clinical indication or rationale for the left ankle brace. Subjectively, the treating physician indicates the injured worker presents for a painful condition about left shoulder and bilateral ankles. Objectively, the ankle/foot examination shows no gross deformity, no swelling. There is tenderness about the bilateral peroneal tendon and bilateral ankle ligaments, dorsal ligament of the right foot and midfoot ligament structures on the left. There is no documentation indicating whether there are gait abnormalities and the injured workers ability to ambulate. There is insufficient information on the ankle injury with subjective complaints and objective findings. There is no prior documentation on previous treatment to be affected ankle. There is insufficient evidence regarding the patient's history and physical examination to determine whether or not an ankle brace is necessary. The guidelines do not recommend placing immobilization in the absence of a clearly unstable joint. Consequently, absent clinical documentation of an unstable joint with additional details as to gait abnormalities, prior documentation with previous treatment of the ankles, prior history and physical examination of the affected ankle, DME purchase left ankle brace is not medically necessary.