

Case Number:	CM15-0054606		
Date Assigned:	03/30/2015	Date of Injury:	05/19/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial burn injury of May 19, 2010. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for an Arizona brace for the foot. The claims administrator referenced an RFA form received on February 25, 2015 and an associated progress note of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 12, 2015, difficult to follow, not entirely legible, the applicant's foot and ankle pain were reportedly unchanged. The applicant was asked to continue tramadol for pain relief. There was no mention made of a brace needed at this point. In a January 15, 2015 progress note, the applicant was again described as unchanged in so far as foot, ankle, and toe pain complaints were concerned. Tenderness about the lateral foot and ankle was appreciated. An Arizona brace of some kind was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arizona brace for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: No, the request for an Arizona brace for the left foot and ankle was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, prolonged bracing of the ankle or foot is deemed "not recommended," owing to the risk of debilitation associated with the same. Here, the attending provider's handwritten progress notes of January 15, 2015 and March 12, 2015 did not contain a clear, compelling, or cogent applicant-specific rationale for continued usage of the Arizona brace at this late stage in the course of the claim, some four and a half to five years removed from the date of injury. Therefore, the request was not medically necessary.