

Case Number:	CM15-0063179		
Date Assigned:	04/09/2015	Date of Injury:	07/21/2014
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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, Florida, 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 injured worker is a 65 year old male, who sustained an industrial injury on 7/21/14. He reported pain in the right ankle, neck and left shoulder. The injured worker was diagnosed as having neck sprain, right ankle pain and left shoulder pain. Treatment to date has included a right ankle MRI, physical therapy, chiropractic treatments and pain medications. As of the PR2 dated 3/3/15, the treating physician noted swelling and tenderness in the area of the posterior tibial tendon, posterior to the medial malleolus. Also, significant valgus deformity of the right ankle was noted with weight bearing about 25 degrees. The treating physician requested an ankle brace-flexible AFO double upright for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle brace-flexible AFO double upright for purchase: 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), Knee and Leg Chapter, Ankle foot orthosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle section, under braces.

Decision rationale: In this case, although right wrist and hand symptoms are amply described, there is no mention of ankle instability or orthopedic signs. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes the following regarding ankle braces: 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. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) In this case, there is no evidence of ankle instability or slippage, so the need for such a brace is not clear. There were no objective ankle signs noted suggestive of orthopedic internal derangement that might need ankle stabilization. The request is appropriately non-certified.