

<b>Case Number:</b>	CM14-0116942		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female with a date of injury of 2/10/11. The mechanism of injury occurred when she slipped and fell on a wet floor. MRI of the left ankle on 6/6/14 documented no evidence of acute injury. MRI of the right ankle on 6/6/14 documented "subchondral cystic changes involve the posterior tibial plafond compatible old injury. Mortise joint effusions. The sinus tarsi is intact." On 6/26/14 she complained of ankle pain, left greater than right. On exam the findings stated bilateral ankle pain. The plan was to give a cortisone injection in the right ankle and order bilateral Aircast ankle brace and Mobic. The diagnostic impression is bilateral ankle pain. Treatment to date: MRI, therapy, sinus tarsi corticosteroid injections, aircast ankle brace, medication management. A UR decision dated 7/8/14 modified the request for bilateral black Aircast ankle brace quantity 2 to bilateral black Aircast ankle brace quantity 1 for the right ankle only. The request was modified to allow for 1 ankle brace for the right side only because with the patient having just received a corticosteroid injection in the right ankle and with the degenerative disease of the right ankle, it would be an appropriate medical rationale for bracing of the right ankle. As the left ankle does not have a definitive diagnosis and imaging evidence is negative, a brace would not be medically indicated at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Black Aircast ankle brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Ankle & Foot

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG states that bracing is 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. 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. However, there remains no evidence of ankle instability of the ankle joint. However, an MRI on 6/6/14 of the left ankle documented no evidence of acute injury, but did document evidence of injury of the right ankle only. On 6/26/14, she was given a cortisone injection in the right ankle and the provider requested bilateral Aircast ankle braces. Given that the patient received on 6/26/14 a cortisone injection in the right ankle and the provider wanting to rest the right ankle, the rationale for the brace for the right ankle was appropriate. The left ankle, however, does not have a diagnosis of acute injury and a negative MRI report from 6/6/14. The UR modified the request to allow for an Aircast black ankle brace for the right ankle only. Therefore, the request for bilateral Aircast Black ankle brace was not medically necessary.