

Case Number:	CM14-0132714		
Date Assigned:	08/22/2014	Date of Injury:	01/23/2012
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female with a 1/23/12 date of injury. She twisted and injured her left ankle when she accidentally slipped on a banana peel on the floor and fell down. According to a progress report dated 7/1/14, the patient continued to have no change in her symptoms. She stated that she has constant pain that awakens her from sleep in the middle of the night. She had increased pain in her ankle which caused her to walk differently and this caused increased pain in her left knee which in turn caused increased pain in her back. She stated she feels that she is walking differently due to the pain in her left ankle. Objective findings: normal gait, tenderness to palpation and spasms noted in the paraspinal musculature, no deformity to left knee, diffuse tenderness to palpation of the knee, full ROM of knee, diffuse tenderness to palpation at the ankle mortise and the lateral malleolus, pain with ROM of left ankle. Diagnostic impression: left ankle tenosynovitis, left peroneus longus tendinopathy, left ankle chronic pain, anxiety with depressive mood. Treatment to date: medication management, activity modification, ESI, physical therapy. A UR decision dated 7/18/14 denied the requests for ankle brace and knee brace. Regarding ankle brace, there is no clear documentation to support a clearly unstable joint. There is also no clear rationale for the request. Regarding knee brace, there is limited documentation of instability of ligament insufficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lace Up Ankle Brace for the Left Ankle Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATIONANKLE & FOOT PROCEDURE SUMMARY LAST UPDATED 11/16/2012.

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 is no documentation of ankle instability of the ankle joint. A specific rationale identifying why an ankle brace would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lace-Up Ankle Brace for the Left Ankle Quantity: 1 was not medically necessary.

Shortrunner Knee Brace for the Left KneeQuantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATIONKNEE AND LEG PROCEDURE SUMMARY LAST UPDATED 6/5/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340,Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. There is no documentation that the patient undergoes any activities that exceedingly stress the knee. In addition, there is no documentation that the patient has patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability. A specific rationale identifying why a knee brace would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Short-runner Knee Brace for the Left Knee Quantity: 1 was not medically necessary.