

<b>Case Number:</b>	CM14-0143133		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with date of injury of 06/30/2012. The listed diagnoses per [REDACTED] dated 04/16/2014 are: 1. Ankle pain, joint (status post surgery). 2. Long prescription use, NEC. According to this report, the patient complains of pain on the top and sides of the right ankle. It has been going on for 22 months after crushing his right tibia and fibula. He describes the pain as stabbing, throbbing, aching, and intermittent. Sitting down and relaxing helps relieve the pain. Walking makes the pain worse. He has had imaging studies, physical therapies, and surgeries as well as medication therapy. The physical examination shows tenderness over the midline and paraspinal areas in the lumbar spine. No cyanosis, clubbing, or edema noted in the bilateral upper and lower extremities. There is marked tenderness at the ankle surgical scar. Range of motion in the right lower extremity is very limited. The utilization review denied the request on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 Arizona Ankle Brace: Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arizona Brace.

**Decision rationale:** This patient presents with right ankle pain. The treater is requesting an Arizona ankle brace. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under Arizona brace states that it is not recommended in the absence of a clearly unstable joint. There are no quality published studies specific to the Arizona brace. ODG under bracing also states that functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. 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. The 04/16/2014 report shows very limited range of motion in the right lower extremity. There is presence of a surgical scar that is tender in the right ankle. The patient is able to perform some house or yard work including self-care and driving. In this case, ODG does not recommend Arizona brace in the absence of an unstable joint. There are no discussions about instability or the need to immobilize the joint. Recommendation is for not medically necessary.