

Case Number:	CM14-0117502		
Date Assigned:	09/22/2014	Date of Injury:	02/23/2006
Decision Date:	02/24/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 63 year old female who was injured on 2/23/2006 involving her left foot/ankle. She was later diagnosed with right ankle osteoarthritis. She was treated with medications, physical therapy/home exercises, and heat/cold. On 7/10/14, the worker was seen by her treating physician reporting less pain and swelling in the right ankle due to therapy and topical medication use, but the pain remains moderate in intensity. She also reported muscle spasms at night. She reported being able to walk about 3-4 blocks without having to stop due to pain. She reported being limited with exercising, doing chores, participating in recreation, and doing yard-work due to her pain, which is essentially unchanged since her injury, reportedly. Physical observations noted ability to ambulate without an assistive device, and was able to transfer to and from the examination table. Physical findings also included absent range of motion in all planes, tenderness and swelling over right ankle, and normal left ankle range of motion. She was then recommended to wear an ankle brace on her right ankle, continue her medications, and follow-up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Richie ankle/foot brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014, Bracing (immobilization)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Ankle and Foot section, Bracing

Decision rationale: The MTUS ACOEM Guidelines state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, her injury was many years prior to this request and she was experiencing chronic osteoarthritis which caused pain. Although movement of the right ankle joint caused pain for the worker, physical examination findings showed minimal movement and not laxity of the right ankle joint. Therefore, there seems to be no evidence to help justify the use of an ankle brace at this time, and the request for the ankle brace will be considered medically unnecessary.