

<b>Case Number:</b>	CM14-0212511		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female who reported an injury on 06/06/2014. The mechanism of injury involved a fall. The current diagnosis is left ankle joint pain. The injured worker presented on 11/14/2014, with complaints of swelling and discomfort with the current ankle braces. On physical examination of the left ankle, there was plantarflexion to 40 degrees, 10 degrees of dorsiflexion, subtalar aversion and inversion. There was 1+ instability with varus stress and valgus stress. The current medications included Motrin and Flexeril. Recommendations included continued physical therapy and an ankle brace. A Request for Authorization for was then submitted on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle brace exoform with strap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Bracing (immobilization).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, placing joints at rest in a brace or a splint should be for as short of time as possible. The Official Disability Guidelines do not recommend bracing in the absence of a clearly unstable joint. According to the documentation provided, there is no evidence of an unstable joint. The injured worker was noted to have knee and ankle braces that caused swelling and discomfort; therefore, the provider has recommended an additional ankle brace. However, the injured worker does not currently meet criteria. As such, the request is not medically appropriate at this time.