

Case Number:	CM15-0005443		
Date Assigned:	02/09/2015	Date of Injury:	03/01/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/10/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old female who sustained an industrial related injury on 3/1/14. The injured worker had complaints of low back and bilateral ankle pain. The diagnosis was noted to be left ankle tenosynovitis with possible osteochondral defect. Physical examination findings included tenderness along the anterior aspect of the ankle joint, swelling along the peroneal tendons, mild swelling along the posterior tibial tendon, and tenderness at the Achilles insertion and plantar fascia. Gait was antalgic. The treating physician requested authorization for a left ankle support orthosis and lumbosacral orthotic. On 1/6/15 the requests were non-certified. Regarding the lumbosacral orthotic, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted the medical records do not note a diagnosis of a condition for which a lumbar back brace is recommended. Therefore the request was non-certified. Regarding the left ankle support, the UR physician noted the medical records do not indicate the injured worker has left ankle instability. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle support orthosis qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ANKLE & FOOT, (ACUTE & CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not include guidance on the use of ankle bracing/immobilization, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. According to the ODG ankle bracing is not recommended in the absence of a clearly unstable joint, and functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Given the lack of objective evidence for ankle instability and the chronic nature of the injury, ankle bracing is unlikely to provide improvement based on the evidence and therefore cannot be considered medically necessary.

Lumbosacral orthotic qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LOW BACK, (ACUTE & CHRONIC), LUMBAR SUPPORTS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS guidelines (ACOEM Low Back Complaints, page 301) state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief in low back pain. Additionally, on page 9 of the MTUS ACOEM guidelines for preventive strategies and tactics, the use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In this case, with a date of injury in March 2014, the chronic nature of the patient's back pain is unlikely to benefit from further limited range of motion/bracing given the lack of objective findings to indicate true instability (secondary to spondylolisthesis, fracture, etc.). Based on the provided records and MTUS guidelines, a lumbar support brace cannot be recommended as medically necessary in this case.