

<b>Case Number:</b>	CM15-0007346		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 6/29/2009. The current diagnosis is left ankle internal derangement. Currently, the injured worker complains of pain in hip and left leg throbs. There were no subjective complaints noted regarding left ankle. Current medications are Gabapentin, Norco, Lidoderm patches, Protonix, Naproxen, and Flexeril. The treating physician is requesting ankle brace, which is now under review. On 12/19/2014, Utilization Review had non-certified a request for ankle brace. The ankle brace was non-certified based on no documentation of unstable ankle joint on exam. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle Brace L1902-NU:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Bracing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, Immobilization

**Decision rationale:** Pursuant to the Official Disability Guidelines, ankle brace L 1902- NU is not medically necessary. Ankle bracing/immobilization is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be favorable strategy for treating ankle acute sprains when compared to a mobilization. Partial weight bearing as tolerated is recommended. However, for patients with clearly unstable joints, immobilization may be necessary for 4 to 6 weeks with active and/or passive therapy to achieve optimal function. In this case, the injured worker's working diagnoses are left knee internal derangement status post arthroscopy times to; and left ankle internal derangement. The documentation from the December 4, 2014 progress note of it relates "knee pain and the left leg throbs." The subjective section does not state any specific complaints. The injured worker states the insurance company is not covering his medications and the injured workers had surgery on his knees. Objectively, the documentation states the patient has muscle spasms at the ankle. The documentation is a type written document with poor scanned quality. Objectively, the treating physician does not state whether the injured worker was ambulatory or can weight bear. Ankle bracing/immobilization is not recommended in the absence of a clearly unstable joint. Consequently, absent clinical documentation of an unstable joint and objective evidence of an inability to weight bear/ambulate, ankle brace L 1902- NU is not medically necessary.