

Case Number:	CM15-0111413		
Date Assigned:	06/17/2015	Date of Injury:	07/25/2009
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California

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 injured worker is a 35-year-old female who sustained an industrial injury on 07/25/2009 when she twisted her right ankle. The injured worker was diagnosed with fracture of the talus and ankle arthralgia. The injured worker underwent arthroscopy and excision of exostosis of loose cartilage flap of the right ankle in March 2012. Treatment to date has included diagnostic testing with latest right ankle magnetic resonance imaging (MRI) in November 2014, conservative measures, non-weight bearing, physical therapy, surgery, home exercise program and stretching exercises and topical analgesics. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience anterior and anterolateral right ankle pain with swelling. The injured worker denies numbness and tingling. Examination demonstrated tenderness to palpation of the sinus tarsi. There was documented swelling of the ankle. Ankle motion was normal with pain elicited by dorsiflexion, plantar flexion and extreme end limits of range of motion. Achilles insertion site was non-tender. No instability of the ankle or warmth was noted. Muscle tone, strength, pulses and light touch sensation were grossly intact. Tarsal Tinel's sign was negative without tenderness to palpation of the toes. Current medications were not documented. Treatment plan consists of elevation of extremity, rest, ice and the current request for an AFO (ankle-foot orthosis) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AFO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Ankle foot orthosis (AFO).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to the guidelines, an AFO brace is intended for acute injuries. Prolonged supports are not recommended. In this case, the claimant's injury was several years ago. There was no indication of ankle instability on exam and length of use of the AFO brace was not specified. The AFO brace is not medically necessary.