MAXIMUS Federal Services

Case Number:	CM15-0113547		
Date Assigned:	06/19/2015	Date of Injury:	12/28/2014
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female with an industrial injury dated 12/28/2014. The injured worker's diagnoses include osteoarthritis, unspecified whether generalized or localized of ankle/foot, status post open reduction internal fixation (ORIF) of right talus and left knee pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/13/2015, the injured worker reported left knee pain. The injured worker reported that she underwent open reduction internal fixation (ORIF) of right talus on 01/20/2015 and was making progress with minimal discomfort. Objective findings revealed minimal tenderness over the ankle with mild swelling. The treating physician prescribed a right malleotrain ankle brace now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Malleotrain ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot - Bracing (immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Bracing/Immobilization.

Decision rationale: This request is for a type of ankle brace. The CA MTUS do not have detailed guidelines on ankle bracing. Instead, the ODG, Ankle & Foot Chapter is referenced which state the following regarding Bracing/Immobilization: "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004)" In this case, given that there is no clear documentation of ankle instability; the ankle brace is not warranted. This request is not medically necessary.