

<b>Case Number:</b>	CM15-0027506		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 28 year old male injured worker suffered and industrial injury on 6/5/2013. The diagnoses were carpal tunnel syndrome, myalgia and myositis, acute reaction to stress, ankle strain/sprain, wrist strain/sprain, thoracic strain/sprain and depression. The treating provider reported right shoulder pain and positive impingement, right wrist pain with numbness and tingling, right knee pain with buckling, middle back pain, stress, anxiety and depression. On exam there was tenderness to the muscles of the thoracic spine right wrist, right knee. The injured worker uses a cane for walking accompanied by a limp that is slow and guarded. The Utilization Review Determination on 1/27/2015 non-certified Right ankle brace, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle 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-TWC (Ankle/Foot Chapter).

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

**Decision rationale:** Right ankle brace is not medically necessary per the ODG and the MTUS Guidelines. The ODG states that an ankle brace is not recommended in the absence of a clearly unstable joint. The ACOEM MTUS states that putting joints at rest in a brace or splint should be for as short a time as possible. The documentation does not reveal evidence of ankle instability. The request for a right ankle brace is not medically necessary.