

Case Number:	CM15-0068740		
Date Assigned:	04/16/2015	Date of Injury:	09/25/2009
Decision Date:	06/16/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 44 year old female, who sustained an industrial injury on 9/25/09. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic ankle sprain with peroneal sensory involvement associated with plantar fasciitis; mild non-specific discomfort along right foot/compensory issue; chronic pain syndrome; stress; depression; insomnia; internal derangement left knee; left knee pain. Treatment to date has included physical therapy; left ankle brace; hinged brace; TENS unit; medications. Diagnostics included EMG/NCV lower extremities (2012); MRI left knee (2/2014); x-ray left knee (2/24/15). Currently, the PR-2 notes dated 2/24/15 indicated the injured worker was in this office for a follow-up examination. The provider notes that the body parts covered under this claim are the left foot, left ankle as well as an element of depression. She is approved for both knees. An EMG for the lower extremities in 2012 revealed partial injury to the anterior talofibular ligament, plantar fasciitis and possible sural peroneal and tibial neuropathies. The EMG from 2014 is not available for his review and he is asking for those results. MRI of the left knee done in 2/2014 revealed a tear of the lateral meniscus and inflammation. The injured worker saw another provider who suggested orthotics, "but that never came about". She does wear a stiff ankle brace, but does not have a Richie brace. Surgery has not been recommended for the left ankle. The injured worker has gained 50 pounds since the injury and she is inactive. She was using a TENS unit but it is not strong enough to provide relief. She would like a 4 lead TENS unit. She does use hot/cold wrap and does stretches and had gone to therapy prior to coming to this office. The injured worker tells the provider she is in constant pain in the left lower extremity and must handle stairs "gingerly". She also reports

a history of anxiety and chest heaviness. She experiences buckling and is limping as she walks. The physical examination notes tenderness along the anterior and posterior talofibular ligaments with anterior instability. There is Tinel along the sensory branch of the peroneal nerve. Mild tenderness on Achilles tendon area, tenderness along the plantar fascia of the right foot. The left foot is not as much an issue. Standing x-rays on this day of the left knee reveal less than 2mm articular surface left. The provider's treatment plan includes a request for a hinged knee brace and left ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinge knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Tables 13-3 and 13-6.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of different modalities, including bracing, for the treatment of a variety of knee conditions. Table 13-3 describes the methods of symptom control for knee complaints. The methods are based on the specific diagnosis. In this case, while it is documented that the patient has chronic knee pain; the specific medical diagnosis for the patient's underlying knee condition is unclear. Table 13-6 describes a summary of the recommendations for evaluating and managing knee complaints. In this table Level D support is given for functional bracing of the knee as a part of a rehabilitation program. Knee bracing is not recommended as a treatment modality as a means to prevent further injury. In this case, the specific diagnosis causing this patient's chronic knee pain is not yet defined. Further, the above cited MTUS/ACOEM guidelines do not support the use of bracing for prophylaxis. There is only weak support for the use of a brace when it is used as part of a rehabilitation program. There is no evidence that this patient is engaged in such a rehabilitation program. For these reasons, a hinged knee brace is not considered as medically necessary.

Left ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6/Page 376.

Decision rationale: The MTUS/ACOEM Guidelines comment on the methods to treat a variety of foot and ankle complaints. A summary of the recommendations for evaluating and managing ankle and foot complaints is provided in Table 14-6. In the section that describes the use of bracing, these MTUS/ACOEM guidelines state the following: Prolonged support or bracing

without exercise due to the risk of debilitation is not recommended. In this case the records indicate that the patient's ankle problem is chronic and the records indicate that the use of a left ankle brace is to address these chronic symptoms. However, given the above cited MTUS/ACOEM guidelines, an ankle brace for this condition is not recommended. Therefore, a left ankle brace is not considered as medically necessary.