

Case Number:	CM15-0096216		
Date Assigned:	05/26/2015	Date of Injury:	10/11/2010
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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 39 year old female patient who sustained an industrial injury on 10/11/2010. The patient has not worked in any capacity since 07/10/2012. The accident was described as having turned her foot; the foot then snapped sideways resulting in an acute onset of right ankle pain. A primary treating office visit dated 11/12/2014 reported the patient with subjective complaint of with persistent pain and decreased function levels. She describes the pain as dull becoming sharp. The pain increases with walking, kneeling, pivoting motions and bending. The pain is rated between a 3 and 6 out of 10 in intensity. Objective assessment noted active ranges of motion are stiff and painful and noted being 90% of normal. There is swelling noted greatest being at the lateral malleolus. She is diagnosed with incomplete longitudinal tear of the peroneus brevis; right ankle strain/sprain, and myalgia/myositis. The plan of care noted the patient administering heat and cold applications, participate in home exercises. The patient is on total temporary disability until 12/10/2014. A more recent follow up visit dated 02/18/2015 reported subjective complaint of having ongoing right ankle pain that worsens with prolonged sitting, standing and walking. The treating diagnosis is right ankle strain/sprain injury. The plan of care noted the patient to continue with current medications of Ketoprofen cream, Hydrocodone and Flexeril. She should continue with home exercise, urine drug screening and follow up in one month.

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, TWC, 2015, Ankle/Foot, Bracing (Immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/foot section, Bracing.

Decision rationale: Pursuant to the Official Disability Guidelines, right ankle brace is not medically necessary. The guidelines do not recommend bracing of the ankle 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. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are right ankle sprain/strain injury; chronic right ankle pain; right ankle internal derangement. The injured worker sustained a sprained ankle approximately 5 years prior to the review on October 11, 2010. There is no documentation of any prior fracture of the tibia or fibula. The most recent progress note dated April 23, 2015 subjectively states the injured worker has continued right ankle pain. Objectively, there is swelling and tenderness with 5/5 motor function intact. The injured worker had old brace that did not provide relief. The guidelines do not recommend bracing of the ankle in the absence of a clearly unstable joint. There is no documentation of an unstable joint. There is no documentation of an MRI in the medical record for this five-year-old injury. Consequently, absent clinical documentation of instability in a five-year-old injury to the ankle, right ankle brace is not medically necessary.