

Case Number:	CM15-0099956		
Date Assigned:	06/02/2015	Date of Injury:	10/21/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 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 28-year-old female who reported an industrial injury on 10/21/2014. His diagnoses, and/or impressions, are noted to include contusion of the right hip, knee, inter-scapular region, and upper back; and right ankle fracture. X-rays of the right knee were taken the day of the injury, on 10/21/2014, and noted not evidence of acute fracture, dislocation, or subluxation; no current imaging studies are noted. His treatments have included use of a wheelchair; physical therapy; medication management; and rest from work. The progress notes of 4/16/2015 noted presentation for a re-check of right foot, ankle, knee, and low back with complaints of pain in the foot and ankle, following some physical therapy. The objective findings were noted to include decreased range-of-motion; joint pain and swelling; right knee and ankle pain; normal deep tendon reflexes, coordination and stability of the right knee, with all-negative testing. The physician's requests for treatments were noted to include a left ankle brace per the injured worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: The request for an ankle brace is not medically necessary. ODG guidelines were used, as MTUS does not address the use of ankle brace. It is not recommended unless the patient has an unstable joint. As per the chart, the patient is weight bearing and there is no documentation of instability. Therefore, the ankle brace is not medically necessary.