

Case Number:	CM14-0140620		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2013
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male with an injury date of 02/20/13. Based on the 08/04/14 progress report by [REDACTED], the patient complains of right ankle and foot pain rated 7/10. Physical examination to the right ankle/foot revealed tenderness to palpation on the medial and lateral joint lines, and over the calcaneus. Range of motion was normal. He attended 24 sessions of physical therapy and chiropractic. Per a 08/08/14 progress report provided by [REDACTED], the patient complains of instability to the lateral right ankle. He was given a cortisone injection to the lateral gutter which provided significant relief of pain, possibly due to some degree of synovitis or soft tissue impingement syndrome. Physical examination revealed decreased pain and minimal edema in the right lateral ankle. The patient has lateral ankle instability demonstrated clinically with anterior drawer test. The patient feels further instability when not using ankle brace that was dispensed to him. [REDACTED] is requesting Cast right foot/ankle. The utilization review determination being challenged is dated 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cast right foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Case (immobilization)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370 14-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Ankle & Foot

Decision rationale: The patient has lateral ankle instability when not using ankle brace that was dispensed to him. Projected treatment per a treater report dated 08/08/14 indicates casting to the right foot and leg following arthroscopy of the lateral right ankle with debridement of synovitis. The request would be reasonable following a surgical procedure, however per the utilization review letter dated 08/20/14, the requested surgical procedure has not been deemed as medically necessary, therefore casting to the right foot will not be necessary, either. Furthermore, based on the ODG, the treater has not clearly established severity of ankle instability nor current presence of severe ankle sprain. As such, the request is not medically necessary and appropriate.