

Case Number:	CM13-0001543		
Date Assigned:	05/02/2014	Date of Injury:	01/10/2013
Decision Date:	06/09/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

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 Orthopedic Surgery, 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:

This 52 year old sustained an injury to the left ankle in a work related accident on 01/10/13. Clinical records provided for review include documentation that on 09/20/13 a left ankle arthroscopy debridement with open lateral ligamentous repair was performed. The clinical records predating the surgery did not include any imaging reports. However, it was noted in a report that an MRI of the ankle dated 03/15/13 showed a sprain of the anterior talofibular ligament. The report of an office visit on 07/19/13 noted subjective complaints of ankle pain and physical examination showed tenderness to palpation, positive anterior drawer and talar tilting. The report of stress radiographs identified 18 degrees of talar tilting on 07/19/13. Arthroscopy and ligamentous repair was performed to treat chronic instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) ANKLE LATERAL LIGAMENT REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the medical records provided for review, this individual was greater than 8 months from the time of injury at the time of surgical process that took place in 09/2013. Prior to surgery plain film radiographs with stress views identified significant instability. A physical examination also showed instability. Based on conservative care that had included immobilization, bracing, physical therapy, and passage of time, a lateral ligamentous reconstruction would have been supported. The request is therefore medically necessary and appropriate.

ANKLE ARTHROSCOPIC DEBRIDEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The role of ankle arthroscopy and debridement in this case also would have been supported given the nature of the surgical process performed to the claimant's lateral ligamentous complex. ACOEM Guidelines also would support the role of this portion of the procedure, given the patient's documented instability. The request is therefore medically necessary and appropriate.