

Case Number:	CM13-0009479		
Date Assigned:	06/06/2014	Date of Injury:	10/18/2012
Decision Date:	07/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 43-year-old female who reported an injury on 10/18/2012. The diagnosis includes other joint derangement, NEC, ankle and foot. The mechanism of injury was that the injured worker was picking grapes and sprained her left foot/ankle on uneven ground. The injured worker has been treated with physical therapy and medications. The documentation of 07/09/2013 revealed that the injured worker had a pain of a 7/10 to 8/10. The injured worker was ambulating with crutches and an ankle brace. The physical examination of the left ankle revealed that the injured worker had pain in the lateral aspect of the left ankle to palpation to the anterior talofibular ligament. The injured worker had a mild anterior drawer sign as well as a talar tilt. The stance and gait showed a noticeably decreased medial arch as well as a propulsive gait favoring the left side. The injured worker underwent x-rays of the left ankle (AP, lateral and mortise views), which showed no sign of fracture or dislocation although there was a mild talar tilt. It was indicated that the injured worker had previously undergone an MRI with notable fluid and edema associated to the anterior talofibular ligament region. The diagnoses included a tear of the anterior talofibular ligament and possible calcaneofibular ligament, signs of capsulitis and synovitis and pain and an inability to walk. The treatment plan included that the injured worker had been previously treated with bilateral ankle braces, AFOs, orthotics and NSAID therapy and a Brostrom-Gould procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brostrom-Gould Procedure of the Left Foot and Left Ankle Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitations for more than 1 month without signs of functional improvement, a failure of exercise programs to increase the range of motion and strength of the musculature around the ankle and foot and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. The clinical documentation submitted for review indicated that the injured worker had objective findings upon physical examination. It was indicated that the injured worker had undergone an MRI. However, the MRI was not presented for review. There was a lack of documentation of a failure of an exercise program to increase range of motion and the strength of the musculature around the ankle and foot. Given the above, the request for a Brostrm-Gould procedure of the left foot and a left ankle arthroscopy is not medically necessary.