

<b>Case Number:</b>	CM13-0014521		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 43-year-old injured in a work related accident on 10/04/12. Clinical records reviewed documented an injury to the left ankle, for which a 03/14/13 MRI scan showed no evidence of tendon injury or tendon sheath effusion, no osseous or articular abnormalities, and an intact ligamentous examination. The MRI was in essence normal. A 07/29/13 assessment documented continued left lateral ankle pain and pain to the anterolateral aspect with walking and inclines. Gait was noted to be antalgic with examination showing swelling over the anterior fibulotalar ligament with tenderness. Diagnosis was that of a left ankle sprain. Based on the claimant's current complaints and continued symptoms, surgery was recommended in the form of a ligamentoplasty of the anterior fibulotalar ligament. The record reflects that recent treatment had included a prior injection to the ligament with "a few days of good relief".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: ligament plasty of the anterior fibular talar ligament:** 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 based on Non-MTUS Citation Official Disability

Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure, Lateral ligament ankle reconstruction (surgery).

**Decision rationale:** California MTUS Guidelines state "Referral for surgical consultation may be indicated for patients who have: -Activity limitation for more than one month without signs of functional improvement -Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot -Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair". Imaging in this case is negative. Radiographs are unavailable for review and there is no evidence in the record of motion at the ankle or subtalar joint. The role of surgical intervention in the absence of imaging findings of pathology that would benefit from the proposed procedure would not be supported.

**12 physical therapy sessions for the left ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.