

Case Number:	CM13-0025096		
Date Assigned:	12/18/2013	Date of Injury:	07/31/2011
Decision Date:	03/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Spine surgery and is licensed to practice in New York. 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 51-year-old female who turned while in office chair and her left knee and a file cabinet and fell down twisting her ankle. The injury happened at work on July 31, 2000 and I then. She sustained a left knee and ankle injury. MRI of the left knee in December 2000 showed no evidence of meniscal tear or cruciate ligament tears. MRI of the left ankle in December 2011 showed anterior talofibular ligament which was difficult to visualize what appeared to have a chronic partial tear. There was moderate periligamentous edema. The ganglion cyst was noted in the region inferior to the calcaneonavicular articulation. On physical examination patient has tenderness to palpation of the left anterior lateral portion of the ankle. The patient has been treated with physical therapy and medications. She continues to complain of left ankle pain with instability when walking. At issue is whether lateral ankle reconstruction is medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral ankle ligament reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opieates, steps to avoid misuse/addiction Page(s): 67;69;93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: This patient is not meet established criteria for lateral ankle reconstruction surgery. Specifically, the MRI did not show complete tear of the ankle ligaments. In addition, the physical examination does not document any evidence of ankle instability. There is no anterior drawer sign mentioned by the physician. While the patient does have ankle pain, there is no documented instability of the ankle. The physical examination does not correlate with the MRI it did not demonstrate instability. Criteria for lateral ankle ligament reconstruction are not met.