

Case Number:	CM13-0031532		
Date Assigned:	12/04/2013	Date of Injury:	09/08/2012
Decision Date:	08/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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:

The records presented for review indicate that this 36-year-old was reportedly injured on September 8, 2012. The mechanism of injury is listed as a slip and fall type event. The most recent progress note, dated October 23, 2013, indicates that there are ongoing complaints of left ankle pain with instability. The physical examination demonstrated increased range of motion. Diagnostic imaging studies objectified a partial tear /ligament sprain of the left ankle. Previous treatment includes multiple injections, chiropractic care, echocardiogram, physical therapy and nerve root blocks. A request was made for ankle surgery and postoperative care and was not certified in the pre-authorization process on September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of lateral collateral ligaments of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: While noting there have been multiple chiropractic evaluations, multiple podiatric evaluations, there are no stress films of the ankle read by a board certified radiologist

objectifying the presence of instability. A partial tear of the ligament is noted on MRI, and there is no evidence of an unstable ankle. Therefore, the request for a repair of lateral collateral ligaments of the left ankle is not medically necessary or appropriate.

Post-operative physical therapy, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

Purchase of DVT (deep veing thrombosis) max and pneumatic compression wraps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.