

Case Number:	CM13-0031948		
Date Assigned:	12/04/2013	Date of Injury:	02/04/2011
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

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:

This is a 43 year-old injured in a work-related accident on 2/4/11 sustaining injury to the right ankle. The clinical records reviewed include a recent assessment dated 8/14/13 with [REDACTED] where the claimant was noted to be with complaints of right ankle pain described as lateral and anterior in nature with symptoms of instability. It states that he has had no benefit with conservative care including recent therapy. Physical examination findings of the right foot showed mild swelling with primary tenderness over the anterior, medial, and lateral aspect of the ankle with restricted range of motion at end points, positive talar tilt, and positive anterior Drawer Sign. [REDACTED] reviewed an MRI report dated 7/30/13 that showed sprain to the anterior talofibular and calcaneofibular ligaments. There was noted to be an osteochondral defect of the talar dome but no indication of other findings. Surgical recommendations in the form of a lateral collateral ligament reconstruction with arthroscopy and excision of the osteochondral lesion were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for right ankle collateral ligament reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 344, 274-375. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Ankle Procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a surgical process in the form of ligamentous reconstruction would not be supported. Official Disability Guidelines indicate particularly that imaging findings should include positive stress x-rays of at least 15° of lateral opening or demonstrable subtalar movement with negative to minimal arthritic change in the joint to support surgery. In this case, the claimant is with an osteochondral lesion to the talar dome which would be indicative of osteoarthritic finding with no demonstration of stress x-rays positively demonstrating significant instability to the joint. The role of the surgical process in this case, thus, would not be indicated.

The request for ankle arthroscopy with excision of osteochondral lesion of the posterolateral dome OCD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless/Online/Ankle Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Ankle Procedure.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the acute need for an ankle arthroscopy for osteochondral injury would not be supported. While Official Disability Guidelines indicate that ankle arthroscopy can be indicated for the role of osteochondral defects, the claimant's clinical picture is not indicative of acute findings on examination that would support the role of the acute need of a surgical process in this case. When taking into account the procedure was part of a surgical process that was also to include a lateral ligamentous reconstruction, its support would not be indicated at this time.

The request for Cam Walker Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Ankle Procedure.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, a CAM boot walker would not be indicated. While the use of a boot walker would be indicated following surgical process, the surgical process in question has not yet been established. The specific request would not be indicated.

The request for roll about walker or crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking Aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the use of a roll about walker or crutches also would not be indicated. The records in this case would not support the acute need of operative intervention for the claimant's ankle. This would negate the need of any form of post-operative DME device at this time.

The request for Physical Therapy 2 x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, post-operative physical therapy for twelve sessions would not be indicated. The role of surgical intervention in this case has not yet been established thus negating the need for post-operative physical therapy as requested.