

Case Number:	CM13-0033568		
Date Assigned:	12/06/2013	Date of Injury:	08/24/2010
Decision Date:	02/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 22-year-old gentleman who was injured on 08/24/10 sustaining an injury to the ankle. Clinical records for review in this case indicate the mechanism of injury to be a fall. A progress report from [REDACTED] of 09/11/13 indicated ongoing complaints of pain about the right ankle stating a recent course of physical therapy did not provide significant improvement. The pain was lateral in nature with objective findings showing 30 degrees of plantar and 20 degrees of dorsiflexion with positive anterior drawer and talar tilt testing. There was tenderness over the anterior talofibular (ATF) ligament. The working assessment was that of ATF ligament tearing. The plan was for surgical arthroscopy with debridement and an open Broström procedure given his ongoing complaints. A previous MRI of the ankle from 03/04/13 showed bone marrow edema with posterior impingement. No recent radiographs were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy ankle (Tibiotalar and Fibulotalar joints) surgical debridement extensive:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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: Based on California MTUS/ACOEM Guidelines and supported by Official Disability Guideline criteria, surgical arthroscopy for debridement and a Broström procedure, given the claimant's chronic tearing to the lateral ligamentous complex, would not be indicated. California MTUS/ACOEM Guidelines indicate that the surgical process is generally reserved for chronic instability that is documented by both physical examination and imaging. Official Disability Guidelines on the other hand also indicates that the surgical process in this regard would only be for positive imaging demonstrating stress radiographs and an opening of greater than 15 degrees laterally. Due to the lack of demonstrated instability on imaging, failed conservative care, and no current clinical diagnosis the specific surgical procedure in this case would not be supported as medically necessary.