

Case Number:	CM13-0035187		
Date Assigned:	12/13/2013	Date of Injury:	05/08/2013
Decision Date:	03/04/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational Medicine 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 year 41 year-old female with a DOI of 5/08/13. She had an injury on 8/15/12 as well. Her previous injury resulted in a left foot navicular fracture, left foot intermediate dorsal cutaneous nerve entrapment and both were surgically repaired. The patient then had an ankle twisting injury in May 2013 and has had conservative care since including corticosteroid injections, physical therapy, offloading, and rest. There appears to have been an MRI of her ankle that was inconclusive. Discussion of the MRI is not included in the treating doctors report other than it was inconclusive. There were no other x-rays or stress x-rays reported been done. MRI of the left ankle done in September 9, 2013 shows moderate osteoarthritis involved in the dorsal aspect of the talonavicular joint, evidence of an acute or subacute strain of the abductor digit mini, and that the peroneal tendons are intact. The PTP states that the patient continues to have pain in the lateral aspect of the left foot as well as over the left ankle from the ankle sprain. The patient has difficulty standing for long periods of time and has difficulty walking. Physical exam shows tenderness the palpation of the left ankle anterior talofibular ligament and mild tenderness at the left lateral midfoot. There is no documentation of any laxity in the ankle. The doctor is requesting exploratory ankle surgery because there is lack of other evidence to reach a diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

exploration of peroneal tendons and left ankle arthroscopy with repair of lateral ankle ligament: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter

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

Decision rationale: ACOEM chapter 14 states that diagnostic arthroscopy of the ankle is not recommended if the diagnosis is obtainable by another noninvasive method. In addition, examination of and reconstruction of lateral ankle ligaments for symptomatic patients with ankle laxity is recommended only if the laxity is demonstrated and physical exam and there are positive stress films. The patient's MRI did not show any issues with the peroneal tendons, or any other ankle ligament tears. It did show osteoarthritis and a tendon strain. The guidelines clearly do not recommend this type of surgery, and there is no other clinical indications for diagnostic surgery such as this. Therefore it is not appropriate.