

<b>Case Number:</b>	CM13-0043211		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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:

This patient is a 42-year-old warehouse worker with date of injury 10/01/12. The patient reportedly twisted his right ankle when his left foot slipped while grabbing things from the back of a shelf. Initial conservative treatment included NSAIDs, bracing, activity modification, and 12 visits of physical therapy. The 1/10/13 right ankle MRI documented moderate anterior talofibular ligament sprain, suspect tear of the calcaneofibular ligament, at least sprain of the interosseous Final Determination Letter for IMR Case Number CM13-0043211 3 talocalcaneal ligament, findings suspicious for sinus tarsi syndrome, and bone edema within the proximal third metatarsal. The 7/11/13 right ankle x-rays documented degenerative marginal osteophytes off the anterior and posterior articulating surface of the distal tibia and proximal articulating surface of the navicular bone. The 8/28/13 orthopedic surgery report indicated that there was moderate to severe tenderness over the anterolateral, posterolateral, anterior talofibular ligament, and anterior capsule of the right ankle. Symptoms were aggravated by activities involving prolonged weight bearing and going up and down stairs. Right ankle range of motion demonstrated 15 degrees of dorsiflexion, plantar flexion, and inversion, and 5 degrees of eversion. The patient was unable to tip toe or heel walk. Ankle inversion stress test was positive. The diagnosis was right ankle sprain/strain. The patient was not taking any medications. The treatment plan recommended physiotherapy, right ankle air cast brace for support, analgesics and anti-inflammatories, and a modified Brostrom procedure for anterotalofibular ligament tear surgery. The 9/27/13 utilization review denied the request for this procedure based on an absence of specified conservative treatment, positive stress radiographs, and positive anterior drawer testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ANKLE MODIFIED BROSTROM SURGERY:** 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), Ankle and Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ANKLE AND FOOT, LATERAL LIGAMENT ANKLE RECONSTRUCTION (SURGERY)

**Decision rationale:** Under consideration is a request for right ankle modified Brostrom procedure. The MTUS guidelines do not provide recommendations for lateral ankle ligament repairs/reconstruction in chronic cases. The Official Disability Guidelines recommended lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury. Criteria for chronic injuries include conservative care (immobilization and physical therapy), instability of the ankle, positive anterior drawer sign, and positive stress x-rays identifying motion at the ankle or subtalar joint with at least 15 degrees lateral opening at the ankle joint, or demonstrable subtalar motion and negative to minimal arthritic changes on x-rays. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive conservative non-operative treatment had been tried and failed. Physical therapy was recommended and past physical therapy in 2012 was reported as beneficial. There is no documentation of positive stress x-rays with at least 15 degrees lateral opening at the ankle joint, or demonstrable subtalar motion. Therefore, this request for right ankle modified Brostrom procedure is not medically necessary.