

<b>Case Number:</b>	CM13-0047393		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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:

According to the records made available for review, this is a 28-year-old female with a 3/3/13 date of injury. At the time (9/17/13) of the request for authorization for right lateral ankle reconstruction, there is documentation of subjective (intermittent moderate right ankle pain, mostly over the lateral aspect of the ankle, with giving way and occasional slight numbness) and objective (dorsiflexion is 10 degrees, plantar flexion is 40 degrees, inversion is 30 degrees, eversion is 15 degrees, tenderness over the lateral and posterior malleolus, and inversion stress test is positive with laxity) findings, imaging findings (MRI right ankle/hindfoot (8/8/13) report revealed severe partial thickness tear of the anterior talofibular ligament, partial tear of the posterior talofibular ligament, and moderate sprain of the fibulocalcaneal ligament), current diagnoses (right ankle sprain/strain; x-rays (6/13/13) revealed the mortise joint is congruent and symmetric with no acute fractures or dislocations), and treatment to date (activity modification, PT, crutches, and medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LATERAL ANKLE RECONSTRUCTION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

**MAXIMUS 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) Ankle and Foot Chapter. Surgery for ankle sprains

**Decision rationale:** MTUS reference to ACOEM identifies documentation of activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair as criteria necessary to support surgery. ODG identifies documentation of subjective findings [(for chronic injuries: instability of the ankle, swelling) (for acute injuries: description of an inversion/hyperextension injury, ecchymosis, swelling)], objective findings [(for chronic: positive anterior drawer)(for acute: grade 3 injury (lateral injury), osteochondral fragment, medial incompetence, positive anterior drawer)], conservative management (PT, immobilization, brace, rehab), and imaging findings (MRI or positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint/ligament rupture. At least 15 degree lateral opening at the ankle joint; or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray) as criteria necessary to support the medical necessity of lateral ligament ankle reconstruction (surgery). Within the medical information available for review, there is documentation of diagnoses of ankle sprain/strain. In addition, there is documentation of subjective findings (instability of the ankle, swelling), objective findings (inversion stress test is positive with laxity), conservative management, (PT, immobilization, rehab), and imaging findings (MRI showing ligament tears and negative arthritic joint changes on x-ray). Therefore, based on guidelines and a review of the evidence, the request for right lateral ankle reconstruction is medically necessary.