

Case Number:	CM13-0048947		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	05/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pennsylvania. 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:

The claimant is a 55-year-old female who was injured on July 18, 2012. The clinical records specific to the claimant's right ankle include an October 2, 2013 clinical progress report of a [REDACTED] indicating the claimant is with continued complaints of pain about the right ankle for which she is "doing poorly". She was also with concordant complaints of low back pain. Examination to the ankle showed a positive anterior drawer test and pain laterally. It states she had been treated with physical therapy, injection, medications, medication management, bracing and rest. She was noted to be status post total knee arthroplasty. A previous MRI of the ankle performed on September 30, 2013 showed deltoid ligament complex strain without evidence of tearing as well as an anterior talofibular ligament strain and Achilles tendinopathy. Given the claimant's ongoing complaints, surgical intervention in the form of a Broström repair to the right ankle was recommended as well as twelve sessions of postoperative physical therapy and postoperative use of a cryotherapy device and an SSIV stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE COLD THERAPY UNIT (PURCHASE) BETWEEN 10/24/13 AND 12/8/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ONE SS4 STIMULATOR UNIT (PURCHASE) BETWEEN 10/24/13 AND 12/8/2013:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ONE MODIFIED BOSTROM REPAIR THE RIGHT ANKLE BETWEEN 10/24/13 AND 12/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Ankle & Foot (acute & Chronic) Chapter, Surgery for Ankle Sprains.

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) Treatment in Worker's Comp, Ankle Chapter, Lateral ligament ankle reconstruction (surgery) 18th edition, 2013 Updates.

Decision rationale: CA MTUS states on surgical consult, "Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The records would indicate the need for positive stress x-rays identifying motion at the ankle or subtalar joint prior to proceeding with operative procedure. While the claimant is noted to be with a strain to the ankle on recent MRI scan, the lack of documented instability on imaging would fail to necessitate the acute need of surgical process. Requested service is not medically necessary.

TWELVE POST-OPERATIVE PHYSICAL THERAPY VISITS BETWEEN 10/24/2013 AND 12/8/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.