

<b>Case Number:</b>	CM13-0049907		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Texas. 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 44 year old female who reported an injury on 06/30/2012 due to a trip and fall causing a twisting injury to the left ankle. The patient ultimately underwent ligament repair followed by postsurgical conservative treatments to include physical therapy, medications, a TENS unit, and activity modifications. The patient's most recent clinical evaluation on 10/22/2013 revealed that the patient had musculoskeletal tenderness of the left ankle with no notable edema and normal vascular and sensory exam. The patient's diagnoses included left ankle pain, strain, and instability. The patient's treatment plan included lateral ankle stabilization and tendon repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lateral ankle stabilization with tendon graft:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** ACOEM Guidelines indicate that surgical intervention for ankle injuries should be supported by physical deficits upon examination that are corroborated by an imaging

study. The clinical documentation submitted for review does not provide an updated imaging study. Additionally, the patient's most recent clinical evaluation does not provide any evidence of instability or deficits that significantly impair the patient's ability to participate in activities of daily living. ACOEM Guidelines also state that ligament reconstruction is recommended for select cases of chronic ankle instability. The clinical documentation submitted for review does not provide any evidence of ankle instability to support the need for this surgical intervention. As such, the requested left lateral ankle stabilization with tendon graft is not medically necessary and appropriate.