

<b>Case Number:</b>	CM13-0052392		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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:

According to the records made available for review, this is a 24-year-old male with a 7/23/12 date of injury, and removal of bone fragments from the distal phalanx and right hallux on 4/5/13. At the time of request for authorization for right ankle repair of collateral ligament at the anterior talar calcaneus, crutches, and wheelchair, there is documentation of subjective (tingling and on the medial part of the foot) and objective (mild swelling of the right toe, positive drawer sign, restricted range of motion, and tenderness to palpation over the distal phalanx) findings, current diagnoses (status post removal of bone fragment from distal phalanx; right hallux and partial matrixectomy to the medial border of the right hallux; and right ankle strain), and treatment to date (physical therapy, pool therapy, and medications). There is no documentation of failure of additional conservative treatment, additional subjective findings, and imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle repair of Collateral Ligament at the Anterior Talar Calcaneus: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**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, Lateral ligament reconstruction

**Decision rationale:** MTUS reference to ACOEM guidelines 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 the medical necessity of surgery. ODG identifies documentation of failure of conservative Care (Physical Therapy and Immobilization with support cast or ankle brace), subjective findings (instability of the ankle and swelling), objective findings (Positive anterior drawer), and imaging findings (Positive stress x-rays identifying motion at ankle or subtalar joint, 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 ligament repair. Within the medical information available for review, there is documentation of diagnoses of status post removal of bone fragment from distal phalanx; right hallux and partial matrixectomy to the medial border of the right hallux; and right ankle strain. In addition, there is documentation of failure of conservative treatment (physical therapy, pool therapy, and medications) and objective findings (positive drawer sign). However, there is no documentation of failure of additional conservative treatment (with support cast or ankle brace), additional subjective findings (Instability of the ankle and swelling), and imaging findings (Positive stress x-rays identifying motion at ankle or subtalar joint, At least 15 degree lateral opening at the ankle joint, OR Demonstrable subtalar movement AND Negative to minimal arthritic joint changes on x-ray). Therefore, based on guidelines and a review of the evidence, the request for right ankle repair of collateral ligament at the anterior talar calcaneus is not medically necessary.

**Pair of Crutches:** 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) Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aides

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Pair of Crutches is not medically necessary.

**Wheelchair:** 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) Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Wheelchair

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for wheelchair is not medically necessary.