MAXIMUS Federal Services

Case Number:	CM13-0054077		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2012
Decision Date:	04/04/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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:

The claimant is a 50 year old female who sustained a twisting injury to her left ankle in a work related accident on November 19, 2012. She also sustained a low back injury. Clinical assessment by [redacted] documented that the claimant was diagnosed with anterior talofibular ligament tearing. Examination showed tenderness about the lateral ligamentous complex, pain with valgus stretching and the anterior drawer test noted to be "positive." [redacted] documented his review of a prior MRI scan of the left ankle dated April 22, 2013 that showed a joint effusion with anterior talofibular ligament strain with thickening of the ligament. No definitive ligamentous tearing was visualized. It was documented that the claimant had failed conservative care based on continued complaints of pain and discomfort. No reports of radiographs of the left ankle were provided for review. Documentation regarding the lumbar spine noted a recent course of physical therapy for a current diagnosis of L5-S1 stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of an anterior talofibular ligament tear of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375,Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Ankle - Lateral ligament ankle reconstruction (surgery).

MAXIMUS 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Lateral ligament ankle reconstruction (surgery).

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines, the request for ligamentous reconstruction is not indicated. The CA ACOEM Guidelines indicate that repairs are generally reserved for chronic instability. The Official Disability Guidelines recommend that imaging including positive stress radiographs should be noted prior to proceeding with operative intervention. The claimant's MRI scan demonstrates continued inflammation. There is no documented evidence of chronic tear to the ligament and no indication of positive stress radiographs available for review. The absence of this information fails to necessitate the role of surgical process in this setting.

Twelve sessions of physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375,Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Treatment Index, 11th Edition (web), 2013, Ankle - Lateral ligament ankle reconstruction (surgery).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgery for ligamentous reconstruction cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy cannot be recommended as medically necessary.