

<b>Case Number:</b>	CM13-0057598		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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:

This is a 61-year-old female with a 9/18/12 date of injury. The exact mechanism of injury has not been described. A progress report dated 11/8/13 indicated the patient stated her pain is 5% better. Objective exam showed a normal neurovascular exam. There is tenderness at the anterior lateral ankle and anterior talo-fibular ligament. The anterior drawer sign is positive. There is pain with inversion and plantarflexion of the right ankle. An MRI of the right ankle on 7/31/13 showed findings consistent with a mild sprain of the anterior talofibular ligament with small adjacent bone marrow edema at the distal anterolateral tibia. There was no evidence of fracture or ligamentous rupture. Diagnostic Impression: Right Ankle Sprain, Ankle Instability. Treatment to date: CAM walker, ankle brace, medication management, physical therapy. A UR decision dated 11/15/13 denied the request due to the fact that the objective findings in this case do not report any kind of surgical lesion corresponding to a surgical lesion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brostrom repair of lateral ankle ligaments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

**Decision rationale:** The California MTUS criteria for reconstruction of lateral ankle ligament include symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films. In addition, ODG indications for lateral ankle ligament reconstruction include subjective instability of the ankle, swelling, and a correlating inversion/hyperextension injury; conservative care Physical Therapy (Immobilization with support cast or ankle brace and Rehab program); objective findings including an anterior drawer and/or medial incompetence, as well as imaging findings including positive stress x-rays identifying at least 15 lateral opening of the ankle joint, demonstrable subtalar movement, and minimal arthritic joint changes. However, there is no objective findings of ankle instability on examination. The patient is noted to have tenderness on exam and pain with ROM. There is no subjective description of ankle instability or functional deficits other than pain. The ankle MRI indicated that there was no evidence of a fracture or ligamentous rupture. There is no evidence of ankle laxity with documentation of at least 15 degrees of lateral opening of the ankle joint and subtalar movement. Therefore, the request for (r) Brostrom repair of lateral ankle ligaments was not medically necessary.

**Pre-op medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter- Preoperative EKG and Lab Testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

**Decision rationale:** The California MTUS does not address this issue. The ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, the initial request for surgery was not found to be medically necessary, therefore the associated perioperative request cannot be substantiated. Therefore, the request for Pre-op Medical Clearance was not medically necessary.

**Pre-op Labs: CBC, Chem 7, PT, and PTT: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Pre-operative Lab Testing.

**Decision rationale:** The California MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. However, since the initial operative request was not found to be medically necessary, the associated peri-operative request cannot be substantiated. Therefore, the request for Pre-op labs: CBC, Chem 7, PT, and PTT was not medically necessary.

**DME: Crutches, Camboot: Upheld**

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

**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 Chapter: Walking Aids.

**Decision rationale:** The California MTUS does not address this issue. The ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. ODG states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. For patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. However, there remains no evidence of ankle instability of the ankle joint. However, it is already noted the patient has a CAM boot. It is unclear why he needs a new one. In addition, the initial operative request was not found to be medically necessary, therefore the associated perioperative request cannot be substantiated. Therefore, the request for DME: Crutches, Camboot was not medically necessary.

**Pre-op EKG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Pre-op Testing .

**Decision rationale:** The California MTUS does not address this issue. The ODG states that electrocardiograph is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the initial operative request was not found to be medically necessary, the associated perioperative request cannot be substantiated. Therefore, the request for Pre-Op EKG was not medically necessary.