

Case Number:	CM13-0062105		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2013
Decision Date:	10/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 New York. 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 patient is a 34-year-old female with date of injury of that we 22nd 2013. The patient has chronic ankle pain. She is diagnosed with left posterior tibial tendinitis and ankle instability. She continues to wear her brace. Physical examination reveals antalgic gait. She is neurologically intact. She has reduced range of motion of the foot. Achilles tendon is normal and peroneal tendon is intact. There is no tenderness over the tarsometatarsal joints. Physical examination also shows positive talar tilt and drawer testing. MRI shows longitudinal splitting of the posterior tibialis tendon. At issue is whether ankle surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair to The Left 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines foot and ankle chapter.

Decision rationale: This patient does not meet establish criteria for ankle ligament repair surgery. Specifically the degree of instability is not clarified and appropriate conservative care is

not documented medical records. It is unclear exactly what attempts at conservative measures have been conducted. An appropriate course of physical therapy directed ankle stabilization has not been documented. Guidelines recommend a full course of conservative care to include physical therapy immobilization in a cast and ankle brace. Appropriate conservative measures have not been documented in this case. Therefore, Repair to The Left Lateral Ankle Ligaments is not medically necessary.