

<b>Case Number:</b>	CM14-0003501		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Podiatrist, 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:

The injured worker is a 55-year-old female who reported an injury on 06/01/2013. There was thickening and signal alteration of the medial band of the plantar aponeurosis consistent with plantar fasciitis. The documentation of 11/21/2013 revealed that the injured worker had pain in the posterior ankle and tenderness with deep pressure. Mild irritation with pressure was noted. The treatment plan included a possible discussion of surgery to remove a loose body in the posterior ankle. Subsequent documentation dated 12/18/2013 revealed that the injured worker was having continued pain and instability of the ankle. The injured worker was having pain with ambulation. Objectively, swelling was noted and there was mild to moderate tenderness noted. There was slight to moderate pain in the posterior aspect of ankle and lateral ankle. The injured worker had positive anterior drawer and talar tilt. X-rays that were taken revealed a slight anterior drawer of the ankle. No major laxity was noted. The diagnoses included ankle instability, posterior AS trigonum, Achilles tendinitis, and pain. The treatment plan included a removal of the AS trigonum and arthroscopy with synovectomy and stabilization of the ankle. It was stated that the injured worker had trialed physical therapy and was wearing a CAM boot which may have hurt the injured worker's back. The injured worker attempted physical therapy for greater than 1 month and had been in the boot for multiple months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ANKLE PRIMARY ANKLE LIGAMENT REPAIR, ARTHROSCOPY AND REMOVAL OF AS TRIGONUM POSTERIOR ANKLE:** Overturned

**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), Treatment Index, 11th Edition (web), 2013 Ankle & Foot Surgery, Lateral ankle stabilization.

**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), Ankle & Foot Chapter, Lateral ligament ankle reconstruction (surgery), Knee & Leg Chapter, Loose body removal surgery (arthroscopy); as well as American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 14, page(s) 374-375.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have activity limitations for more than 1 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. They do not, however, address removal of foreign body and repair of ankle ligaments. The Official Disability Guidelines indicate the criteria for lateral ligament ankle reconstruction include physical therapy with immobilization of an ankle brace, instability of the ankle, complaints of swelling, a positive anterior drawer, positive stress x-rays identifying motion at the ankle or subtalar joint with at least 15 degree lateral opening at the ankle joint, and negative to minimal arthritic joint changes on x-ray. The clinical documentation submitted for review failed to indicate that the injured worker had positive stress x-rays identifying motion at the ankle or subtalar joint and failed to indicate the x-ray was negative to minimal arthritic joint changes on x-ray. The injured worker had undergone physical therapy and had been wearing a CAM boot for immobilization. While there were no noted x-ray findings, the injured worker had instability of the ankle joint, and a possible "Drawer Sign" to support that there was anterior and posterior excessive movement. The ankle stabilization is supported. The Official Disability Guidelines indicate that loose body removal is recommended where symptoms are noted consistent with a loose body and there has been failure of conservative treatment. The clinical documentation submitted for review indicated that the injured worker had a loose body per MRI. It indicated that the injured worker had trialed and failed conservative treatment. This portion of the request would be supported. This request was previously denied due to a lack of documented conservative care. The documentation that was supplied for this review supported the procedure in its entirety. Given the above, the request for right ankle primary ankle ligament repair, arthroscopy, and removal of AS trigonum posterior ankle is medically necessary.