

Case Number:	CM14-0106473		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2011
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Podiatric 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:

According to the enclosed information, this patient injured her left ankle on 4/29/2011. Past surgical intervention includes repair of exterior tibial tendon as well as arthroscopy left ankle with removal of loose body. On 5/20/2014 this patient presented to her podiatrist with continued complaints of left ankle pain. Continued swelling to the lateral aspect of the left ankle is noted on physical exam. Neurologic status is grossly intact. Muscle strength appears within normal limits left lower extremity. Pain is noted upon palpation to the lateral collateral ankle ligaments on left side. Pain is noted upon anterior drawer sign, left side with a positive talar tilt. Difficulty toe walking. Ambulation causes instability of the left ankle causing pain. Diagnoses include MRI confirmed osseochondritis dissicans of the left ankle, MRI confirmed tear of the lateral collateral ligaments bilateral ankles, status post ankle fracture, sprain/strain of left ankle. During this visit, the physician recommends lateral ankle stabilization for this patient. Prior treatments to care for the left ankle have included local steroid injections, immobilization, and physical therapy. Enclosed in this case is an MRI report dated 8/8/2012. Impression includes (but not limited to), intrasubstance tear of the lateral fibers of the proximal zone of the calcaneofibular ligament, intrasubstance tear of the posterior band talofibular ligament near its fibular margin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery; Stabilization of left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Surgery; Lateral Ligament Ankle Reconstruction.

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) : procedure summary, ankle and foot.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for stabilization of left ankle for this patient is medically reasonable and necessary. Progress notes advised that this patient has undergone multiple surgeries in and around her ankle joint. An MRI confirmation of intrasubstance tear of lateral ankle ligaments is noted from 2012. This patient has failed physical therapy immobilization and local steroid injections to symptomatic area. Therefore, this request is medically necessary.

Hospital stay: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): procedure summary, ankle and foot.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS and ODG guidelines, it is my feeling that this patient is deserving of a hospital stay after their lateral ankle stabilization. According to the ODG guidelines, a person who undergoes ankle repair is deserving of a median of two days in the hospital postoperative. Therefore, this request is medically necessary.