

<b>Case Number:</b>	CM14-0107986		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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, the original date of injury for this patient is 1/26/2012. Trauma to the right foot and ankle was sustained after stepping on a seed pod. On 6/11/2014 this patient was seen by her podiatrist with continued complaints of right foot and ankle pain. Physical exam reveals moderate tenderness to the lateral aspect of the right ankle in the area of the lateral gutter and anterior talofibular ligament as well as the medial shoulder. +1 pitting edema is noted. The patient's range of motion is within normal limits bilaterally. Inversion stress test is negative, with + 2 anterior drawer sign right side. The diagnoses that day include status post inversion hyperextension injury right foot and ankle, posttraumatic arthrofibrosis with lateral impingement lesion right ankle, +2 anterior ankle instability, traction neuropraxia, with neuritis of the sural nerve right side. The physician feels that this patient is suffering with chronic instability to the right ankle, and recommends arthroscopic debridement of the right ankle, and lateral ankle stabilization right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic debridement of the right ankle and ankle stabilization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation

<http://ncbi.nlm.nih.gov/pubmed/18260486> - Acta Orthop Belg. 2007 Dec;73(6):737-40.

Arthroscopic ankle debridement: 5-year survival analysis, Official Disability Guidelines - Ankle

& Foot (updated 03/26/14) - Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**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 arthroscopic debridement of the right ankle and right ankle stabilization is not medically reasonable or necessary at this time. MTUS guidelines state that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one 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. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Review of the enclosed information does not demonstrate clear imaging evidence of a lesion to the right ankle. There is no evidence of torn lateral ankle ligaments which would require repair. Even attenuation of a ligament would be demonstrated on MRI. Furthermore, there is no enclosed evidence of osteochondral lesions or arthritic changes to the ankle joint which would require repair. Therefore, this request is not medically necessary.