

<b>Case Number:</b>	CM14-0016637		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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:

The claimant is a 47-year-old female who sustained a left ankle injury in a work related accident on August 2, 2010. The records provided for review include an MRI report dated October 11, 2012 identifying an anterior talofibular ligament and calcaneofibular ligament sprain with thickening. There is an osteochondral ligament involving the medial aspect of the talar dome. The December 4, 2013 follow up report documented a diagnosis of chronic left ankle pain, osteochondritis desiccans, and status post removal of a left ankle loose body on July 14, 2011. The claimant was described as having continued complaints of pain, using an immobilizer and a splint as well as a cane. A previous surgical scar along the lateral aspect of the ankle is noted. Objectively, there is tenderness and dysesthesias along the anterior and medial aspect of the ankle. The report notes that the claimant has failed conservative care but the specific treatment is not noted. The recommendation is made for an osteotomy with allograft procedure to the medial malleolus and talus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ANKLE SURGERY FOR OSTEOTOMY AUTOGRAFT TRANSFER SYSTEM PROCEDURE WITH MEDIAL MALLEOLUS OSTEOTOMY WITH TALUS ALLOGRAFT BONE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Osteochondral Autologous Transfer System.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for left ankle osteotomy autograft transfer system procedure with medial malleolus osteotomy with talus allograft bone cannot be recommended as medically necessary. The medical records indicate that this individual has chronic changes of the ankle and has already undergone surgical intervention including arthrotomy and loose body removal. California ACOEM Guidelines recommend surgical indications when there is clear evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Given the claimant's date of MRI scan of 2012 that showed chondral deficit as well as a ligamentous strain, there is no current imaging or supporting physical exam findings that would necessitate surgery at this time.