

Case Number:	CM14-0018927		
Date Assigned:	04/23/2014	Date of Injury:	12/14/2009
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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:

This 55-year-old driver sustained an industrial injury on December 14, 2009 when a chain snapped and hit the back of his calf. He sustained a second injury approximately one week later when he twisted his right ankle and foot. The August 5, 2013 right ankle MRI impression documented tendinosis of the peroneus brevis tendon distal to the lateral malleolus and degenerative changes at the talonavicular joint and at the synchondrosis between the posterior talus and os trigonum. The August 5, 2013 right foot MRI documented edema within the fibular sesamoid and degenerative changes at the 1st metatarsophalangeal and tarsometatarsal joint. The December 17, 2013 progress report indicated that the patient presented with right ankle and foot arch pain and hypermobility of the 1st metatarsocuneiform. The diagnosis was grade 3 right ankle ligament injury and Lisfranc injury. The patient was not improving; he was sore and unstable. The 1st metatarsocuneiform was more painful and seemed to have moved slightly when compared to the other foot. There was a slight abduction positioning at the midfoot region due to this instability. Surgical correction was recommended. The January 28, 2014 progress report cited continued right foot pain. Walking tolerance was limited to 15-20 minutes and activities of daily living were decreased. Physical exam findings included positive drawer sign, pain over the anterolateral shoulder of the right ankle, and pain at the 1st metatarsocuneiform joint which was unstable. Conservative treatment had been provided for 4 years including modified duty, physical therapy, orthotics, and foot and ankle injections. He had continued pain at the 1st metatarsocuneiform joint because it did not support his weight when he pushes off on the foot. Surgery was requested. The February 4, 2014 utilization review denied the surgical request as there was no diagnostic or radiographic evidence of right ankle instability. The February 18, 2014 progress report appealed the denial of surgery and stated that the patient had continued pain and inability to work because of pain. His job required him to push and pull, and he could not do

either one due to ankle instability. The patient had a positive drawer sign in the right ankle, and pain was localized over the anterior shoulder of the ankle. The Lisfranc joint was doing well with the use of orthotics. Stress x-rays were performed. The right ankle push pull distraction stress test was done and was positive. The right ankle displaced 3-4 mm on distraction posteriorly. Anteriorly, the joint narrowed because the talus has moved forward. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE ARTHROSCOPIC REPAIR OF ATF AND CFL LIGAMENTS:

Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Lateral Ligament Ankle Reconstruction (Surgery).

Decision rationale: Under consideration is a request for right ankle arthroscopic repair of anterior talofibular and calcaneofibular ligaments in an outpatient facility. The California MTUS does not provide recommendations for surgery in chronic ankle conditions. The Official Disability Guidelines recommend lateral ankle reconstruction for chronic instability. Surgical criteria include failure of conservative treatment (immobilization with support cast, or ankle brace and rehab program), ankle instability, positive anterior drawer sign, and positive stress x-rays with motion at the ankle or subtalar joint, at least 15 degree lateral opening at the ankle joint or demonstrable subtalar movement, and negative to minimal arthritis joint changes on x-rays. Guideline criteria have been met. The patient has failed long-term comprehensive conservative treatment including activity modification, physical therapy, orthotics and foot/ankle injections. Physical exam findings demonstrate ankle instability and positive anterior drawer sign. Stress x-rays have been obtained and demonstrate sub talar movement. There is significant functional limitation impeding the patient's ability to return to work. Therefore, the request for right ankle arthroscopic repair of anterior talofibular and calcaneofibular ligaments in an outpatient facility is medically necessary.

CRUTCHES: Overturned

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 Official Disability Guidelines (ODG) Ankle And Foot, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: Under consideration is a request for crutches. The California MTUS are silent regarding crutches. The Official Disability Guidelines recommend walking aids, such as crutches, for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Guideline criteria have been met. The post-operative use of crutches is consistent with guidelines. The request for crutches is medically necessary and appropriate.