

Case Number:	CM14-0118024		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2010
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 60-year-old female who was injured on 04/08/10. Clinical records available for review include one progress report, a 04/01/14 assessment where the claimant is with continued complaints of pain about the foot and ankle. Records indicate an assessment of an ankle sprain status post two prior ankle arthroscopies with capsulitis and an osteochondral lesion. Physical examination showed restricted motion at endpoints of flexion and extension, an antalgic gait, negative anterior drawer testing, weakness with left ankle strength compared to the right, and pain with inversion against resistance. There was no documentation of formal imaging for review. Given the claimant's current working diagnosis and failed conservative care, operative intervention was recommended in the form of a left foot resection of intermediate dorsal cutaneous nerve and lateral ligamentous reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot resection of IDCN with muscle placement & lateral ankle ligament repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684217> ; Curr Rev Musculoskeletal Med. Jun 2008; 1(2): 147-153.

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

Decision rationale: Based on California ACOEM guidelines, surgical intervention in this case would not be indicated. In regards to the requested surgery, California MTUS guidelines in regards to surgical management would indicate need for a clear clinical and imaging evidence of a lesion has been shown to benefit in both the short and long term from surgical repair. While this individual is noted to be with continued complaints of pain, there would be no acute indication for the role of nerve resection with any documentation of electrodiagnostic studies or physical examination supporting the need. Without evidence of a lesion that has been shown to benefit in both the short and long term from surgical management, this clinical request would not be indicated. Also in regards to surgical request, the role of a lateral ligamentous reconstruction would not be indicated. California ACOEM guidelines would support the role of ligamentous reconstruction for chronic instability. There is unfortunately no documentation of instability in this individual. There has been documentation of two prior arthroscopic procedures with recent physical examination showing no ligamentous laxity but positive weakness. Without clinical indication of chronic instability, the role of a lateral ankle ligamentous procedure would also not be supported.