

Case Number:	CM14-0157072		
Date Assigned:	09/30/2014	Date of Injury:	10/28/2008
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 medical records provided for review documented a diagnosis of ligamentous strain and ankle instability. The claimant has been treated conservatively but the records document that he remains symptomatic. The report of plain film radiographs of the ankle dated 5/13/14 showed mild irregularity at the tip of the lateral malleolus but showed no evidence of instability. The report of an MRI of the right ankle dated 06/24/14 revealed a chronic Grade III tear of the anterior talofibular ligament with chronic thickening and scarring indicative of a chronic injury. The report of the 07/03/14 follow up visit described persistent complaints of pain and weakness. Physical examination revealed tenderness over the lateral ligamentous complex and syndesmosis; there was no documentation of any other physical findings. Based on the claimant's continued complaints of pain, the recommendation was made for right ankle lateral ligament reconstruction and repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for right ankle repair of the lateral ligament with repair/reconstruction of the peroneal tendon, subluxation of peroneal with fibular osteotomy and repair of the anterior syndesmotomotic ligament tear under general anesthesia is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not recommended as medically necessary.

1 Pair of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for right ankle repair of the lateral ligament with repair/reconstruction of the peroneal tendon, subluxation of peroneal with fibular osteotomy and repair of the anterior syndesmotomotic ligament tear under general anesthesia is not recommended as medically necessary. Therefore, the request for one pair of crutches is also not medically necessary.

1 Right ankle repair of lateral ligament with repair/reconstruction of peroneal tendon, subluxation of peroneal with fibular osteotomy and repair of anterior syndesmotomotic ligament tear under general anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California ACOEM Guidelines, the request for right ankle repair of the lateral ligament with repair/reconstruction of the peroneal tendon, subluxation of peroneal with fibular osteotomy and repair of the anterior syndesmotomotic ligament tear under general anesthesia is not recommended as medically necessary. The medical records document that the claimant has chronic complaints of pain and has an MRI scan that shows chronic ligamentous inflammation, but there is no documentation of instability on physical examination or stress view radiographs to support the need for the proposed surgery. Given the claimant's lack of clinical findings, the surgical process cannot be supported.

12 Postoperative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for right ankle repair of the lateral ligament with repair/reconstruction of the peroneal tendon, subluxation of peroneal with fibular osteotomy and

repair of the anterior syndesmotic ligament tear under general anesthesia is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.