

<b>Case Number:</b>	CM14-0174664		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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:

60-year-old male claimant with an industrial injury dated 01/03/13. The patient is status post a total left knee replacement dated 04/04/14. Exam note 10/01/14 states the patient returns with low back, left knee, and left ankle pain. The patient explains that the low back pain radiates to the left lower extremity, and he rates the pain an 8/10. The patient states that he has difficulty with prolonged standing, walking or driving. The left ankle pain is described as sharp, and throbs at night. Current medications include Norco for pain relief. Upon physical exam the patient demonstrated a decreased range of motion with pain; in particularly with extension and left lateral flexion. The patient completed a positive Yeomann's, Erichson's, and Patrick's Faber test of the lower back. There was evidence of crepitus upon active and passive ranges of motion of the left ankle. The patient completed a positive anterior/posterior drawer test. The patient also demonstrated an antalgic gait. Diagnosis is noted as talofibular ligament tear with tenosynovitis of the left ankle, and facet syndrome causing left L5 radiculopathy. Treatment includes a Brostrom procedure with repair of the peroneus brevis tendon and ligaments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brostrom procedure with repair of the peroneus brevis tendon and ligaments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability

Guidelines: Ankle Chapter: Lateral ligament ankle reconstruction (surgery) / Surgery for ankle sprains

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, 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; clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 10/1/14 of significant instability in the ankle. There is lack of documentation of failure of physical therapy or exercise program for the patient's ankle pain. Therefore the guideline criteria have not been met and determination is not medically necessary.