

Case Number:	CM14-0179679		
Date Assigned:	11/04/2014	Date of Injury:	02/02/2010
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas & Colorado. 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 injured worker is a 47-year-old female who reported injuries due to a slip and fall on 06/02/2010. On 02/21/2014, her diagnosis included right ankle pain. She had an MRI of the right ankle which revealed a thickening of the medial band of the plantar aponeurosis, suggestive of plantar fasciitis. Injured worker has a re-demonstration of increased signal within the cake or fat pad adjacent to the Achilles tendon, suggestive of Achilles peritendonitis changes. Minimal fluid was noted around the posterior tibialis tendon in the inframalleolar portion, suggestive of minimal tenosynovitis and increased signal and thickening of the peroneus longus tendon at the cubital tunnel, suggestive of tendinosis. On 05/14/2014, her complaints included right shoulder pain with stiffness to the cervical spine and severe right ankle pain. She rated her pain at 7/10. X-rays of the right foot and right ankle showed significant lateral tilt of the ankle. The treatment plan recommendation was for a modified Brostrom stabilization procedure to the right ankle. On 08/04/2014, her complaints included right shoulder pain and right knee pain which was affecting her right ankle. It was noted in the treatment plan that authorization had not yet been granted with the surgical procedure to the right ankle due to lateral instability both anteriorly and laterally. A Request for Authorization dated 10/01/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Modified Brostrom repair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Guidelines, Independent Medical Examinations and Consultations.

MAXIMUS 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 (ODG): Ankle & Foot, Surgery for Ankle Sprains.

Decision rationale: The request for right ankle modified Brostrom repair is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 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. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risk of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Per the ODG, there is a role for surgical intervention in severe acute and chronic ankle injuries, but the evidence is limited. In comparing immobilization, functional treatment and surgical treatment, the evidence does not endorse the choice of surgical over conservative treatment following ankle sprain. With respect to secondary outcomes, the results suggest a possible positive effect of surgery on objectively measured instability, but complications were generally higher in the surgical group. Functional treatment is preferred over surgical therapy for lateral ankle injury. Indications for surgery include previous physical therapy, subjective clinical findings for chronic instability of the ankle, objective clinical findings for acute grade 3 injury and positive clinical image findings including stress x-rays identifying motion at ankle or subtalar joint with at least 15 degrees opening at the ankle joint and negative to minimal arthritic joint changes on x-ray. There was no evidence in the submitted documentation that this injured worker had failed conservative therapy including physical medicine. There were no objective findings of a grade 3 lateral injury to the ankle. The clinical information submitted failed to meet the evidence based guidelines for this surgery. Therefore, this request for right ankle modified Brostrom repair is not medically necessary.

Associates Surgical Services: Pre-operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 345-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle & Foot, Surgery for Ankle Sprains.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associates Surgical Services: Complete Blood Count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG): Ankle & Foot, Surgery for Ankle Sprains.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associates Surgical Services: Comprehensive Metabolic Panel: Upheld

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

MAXIMUS 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 (ODG): Ankle & Foot, Surgery for Ankle Sprains.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.