

<b>Case Number:</b>	CM14-0025717		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Orthopaedic 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 54-year-old female sustained an industrial injury on 6/4/13 while walking on campus. The 9/27/13 right ankle MRI impression documented high grade partial tear of the anterior talofibular ligament and calcaneofibular ligament scarring. There was a partial tear of the talar attachments of the anterior and posterior tibiotalar ligaments and tear of the spring ligament complex. There was cornuate navicular and severe tendinosis and partial tearing of the tibialis posterior tendon. There were subchondral bone bruises involving the tibial plafond and talar dome. There was a plantar calcaneal spur, degenerative changes of the talonavicular and subtalar joint, and medial ankle soft tissue edema. Findings also suggested increased risk for sinus tarsi syndrome and possible Baxter neuropathy with compression of the inferior calcaneal nerve. The 1/6/14 orthopedic report cited right medial ankle hindfoot pain, aggravated by weight bearing. The patient is fully weight bearing in a removable cast. The physical exam documented moderate pes planus valgus hindfoot, mild varus forefoot, and mild ankle swelling. There is distal posterior tibial tendon and medial ankle tenderness. There was mild loss of ankle plantar flexion. Motor function was 5/5. The CT scan showed dorsomedial talar exostosis, medial talar dome cyst, minimal degenerative changes at the subtalar joint, small medial gutter ossicles, and posterolateral ankle ossicles. The diagnosis was right distal posterior tibial tendinosis, medial talar dome OCD, dorsomedial talar exostosis, right subtalar joint intraosseous cysts, and mild arthritis. The treatment plan recommended continuation of cam walker or Arizona ankle foot orthosis. If the problem persists, surgical management would be considered. The 2/4/14 progress report cited increasing right foot pain, spreading to the medial aspect of the foot. Her walking boot was wearing out. The physical exam documented global right ankle tenderness, no sensory abnormalities, limping gait, slight joint crepitus, peroneus longus weakness, and reduced right ankle edema. There was mild range of motion loss. The pain was noted with flexion, extension,

and inversion. The patient was able to heel and toe raise with pain. X-rays were negative for bony pathology. The diagnosis was right ankle sprain. A new walking boot was dispensed. The surgical authorization was reported as pending.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Ankle Scope, Possible Arthrotomy, Exostectomy, Excision of Talar Dome, OCD, Flexor Tendon Transfer to the Navicular, Calcaneal Osteotomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 chapter: Surgery for Ankle Sprains, Subtalar Arthroscopy.

**Decision rationale:** The California MTUS does not address ankle surgeries for chronic injuries. The ODG relative to ankle sprains recommend surgery for chronic instability and/or acute ankle sprain/strain injuries when indications are met. The criteria include completion of physical therapy including immobilization in a cast or ankle brace, subjective complaints of instability and swelling, positive anterior drawer sign, and positive stress x-rays identifying motion at the ankle or subtalar joint, or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray. The guidelines indicate that arthroscopy is recommended for patients with osteochondral lesions of the talus when conservative treatment has failed. The guideline criteria have not been met. There is no current clinical evidence to support the medical necessity of surgery relative to instability or radiographic evidence of joint motion. There is no detailed documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment, including physical therapy and non-weight bearing, had been tried and failed (for the guideline-associated duration). Therefore, this request for right ankle scope, possible arthrotomy, exostectomy, excision of talar dome, OCD, flexor tendon transfer to the navicular, and calcaneal osteotomy. As such, the request is not medically necessary.

**Surgical Assistant:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cam Walker Boot:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Roll About Walker or Crutches:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physical Therapy 2 Times a Week for 6 Weeks Quantity: 12:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.