

Case Number:	CM14-0025887		
Date Assigned:	06/27/2014	Date of Injury:	10/31/2012
Decision Date:	08/12/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 10/31/2012. The mechanism of injury was the injured worker was running across the street when he slipped off the curb and the back of his right heel and left knee hit the ground. The conservative care included 18 sessions of physical therapy. The injured worker underwent an x-ray of the right foot on 08/26/2013 which revealed findings suspicious for a fracture at the base of the 5th metatarsal. The documentation of 01/27/2014 revealed the injured worker had right ankle tenderness in the talofibular ligament. The varus stress opening was noted. The anterior drawer test was positive. It was indicated the injured worker had an MRI of the right ankle that demonstrated an anterior talofibular ligament tear. The diagnosis included anterior talofibular ligament tear right ankle with instability. The treatment plan included an open repair of the anterior talofibular ligament, right ankle, cold machine use, postoperative crutches, and physical therapy. The treatment plan additionally included pain medications. The injured worker had an MRI of the right ankle without contrast on 01/14/2014 which revealed mild to moderate Achilles tendinosis with no Achilles tendon repair and an old tear of the anterior talofibular ligament. The request was previously denied as there was no Achilles rupture or mild tendinosis and the injured worker had complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of ankle ligament: 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 Indications for Surgery - lateral ligament ankle reconstruction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Lateral ligament ankle reconstruction (surgery).

Decision rationale: Official Disability Guidelines indicate the criteria for a lateral ligament ankle reconstruction is documentation of conservative care, plus instability of the ankle, and a positive anterior drawer test, as well as positive stress x-rays identifying motion at the ankle or subtalar joint. There should be documentation of at least a 15 degrees lateral opening of the ankle joint. The clinical documentation submitted for review indicated the injured worker had physical therapy and had a varus stress opening. The injured worker had a positive anterior drawer test. The injured worker had physical therapy. While it was not noted, the injured worker had positive stress x-rays identifying motion at the ankle or subtalar joint; the injured worker had an MRI which revealed an old tear of the anterior talofibular ligament. A tear ligament would not respond to conservative care. This request would be supported. However, the request as submitted failed to indicate which ankle was to be treated. Given the above, the request for repair of ankle ligament is not medically necessary.