MAXIMUS Federal Services

Case Number:	CM14-0037223		
Date Assigned:	06/25/2014	Date of Injury:	01/08/2012
Decision Date:	08/06/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 injured worker is a 26-year-old male who reported injury on 01/08/2012. The mechanism of injury was the injured worker slipped on linen bags and rolled his right ankle. Conservative care was noted to include activity modification, medications, and physical therapy. The injured worker underwent a right ankle arthroscopy with synovectomy, debridement, and chondroplasty revision, Brostrom type lateral ligamentous reconstruction on 05/23/2013. It is noted the injured worker had undergone two prior surgical interventions. The injured worker underwent a magnetic resonance imaging (MRI) of the right ankle without contrast on 02/11/2014, which revealed postoperative scarring and ferromagnetic artifact along the anterior and posterolateral ankle, non-visualization of the anterior talofibular ligament suspicious for chronic disruption and scarring and thickening of the superior peroneal retinaculum with peroneus longus tendinosis. There were four small tibiotalar joint effusions with mild chondrosis. There was no evidence of focal talar dome osteochondral lesions. The injured worker underwent a physical examination on 02/14/2014, which revealed the injured worker had diffuse edema in the posterolateral ankle. There was significant inversion. There was a positive anterior drawer test. There was pain over the peroneal tendon area and a well-healed scar. There was pain with palpation of the anterior ankle joint. The diagnoses included other disorders of the synovium, tendon, and bursa. The assessment included peroneal tendinosis, possible tear, chronic instability, and capsulitis. The recommendation was for an ankle arthroscopy, peroneal tendon debridement with possible repair, modified Brostrom. The physician documented the injured worker understood, as it was a revision surgery it may fail and the injured worker may need additional surgery if this one failed. Additionally, the treatment plan included a custom molded Richie AFO (ankle foot orthosis) brace. This request was previously denied to the lack of documentation of a trial of a lace up brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle Scope, Modified Brostrom, Peroneal Tendon Debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376 - 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter.

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 Chapter, Surgery for Ankle Sprains.

Decision rationale: The ACOEM Guidelines indicate that a referral for surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month without signal of functional improvement, failure of an exercise program to increase range of motion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. They do not specifically address surgical intervention for ankle sprains. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that there should be documentation of physical therapy including immobilization with an ankle brace, instability of the ankle, complaint of swelling, a positive anterior drawer sign and objective findings on MRI. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. There was a positive anterior drawer test. The MRI revealed changes around the ligament and tendons. Given the failure of conservative treatment, with continued pain and objective findings on both the MRI and examination, there are exceptional factors. These findings would support the necessity for surgery without the trial of an ankle brace. The request for ankle scope, modified Brostrom, peroneal tendon debridement is medically necessary.