

Case Number:	CM14-0050366		
Date Assigned:	06/25/2014	Date of Injury:	07/27/2004
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 63-year-old female who reported an injury on 07/27/2004. Prior treatments included a lateral ankle stabilization on 10/30/2012. The mechanism of injury was the injured worker tripped on a tarp that was not taped down. The documentation of 02/18/2014 revealed the injured worker had an MRI on 01/22/2014. The physician documented that the MRI demonstrated findings consistent with a 4 mm well circumscribed defect present in the inferior aspect of the talus. It indicated this was consistent with ligament repair corrected with the stabilization procedure of the left ankle, which was failed for the injured worker, but on findings, it appeared to be well normalized and within normal limits. The physical examination revealed the musculature examination was within normal limits and +5/5 with dorsiflexion, plantarflexion, inversion, and eversion. The orthopedic examination revealed the injured worker had a positive anterior drawer sign and positive talar tilt. The injured worker had a persistent inability and instability to perform toe walking, toe standing, squatting, crouching, and single limb weight bearing on the left side. The injured worker had difficulty with weight bearing functionality. The diagnosis included instability of the left ankle, failed stabilization procedure, peroneal tendinitis, and sprain and strain of the left foot. The documentation indicated the injured worker had an MRI that clearly showed indications at the base that the injured worker had a tendon bypass stabilization of the left ankle, which had failed. The treatment plan included stabilization of the left ankle with ligament repair specifically and postoperative durable medical equipment.

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.

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, Surgery for ankle sprains.

Decision rationale: The Official Disability Guidelines indicate that the criteria for a lateral ligament ankle reconstruction for chronic instability includes physical therapy with immobilization with support cast or ankle brace and rehab program, plus clinical findings of instability of the ankle and supportive findings of complaint of swelling along with a positive anterior drawer and positive stress x-rays identifying motion at the ankle or subtalar joint. The clinical documentation failed to indicate the injured worker had conservative care including immobilization with either a support cast or ankle brace and a rehabilitation program. There was documentation of a positive anterior drawer sign. There was no documentation of a positive stress x-ray or subjective instability of the ankle and a complaint of swelling. Additionally, the request as submitted failed to indicate the laterality for the repair of the ankle ligament. Given the above, the request for Repair of Ankle Ligament is not medically necessary.