

Case Number:	CM14-0054965		
Date Assigned:	07/07/2014	Date of Injury:	01/08/2014
Decision Date:	08/07/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/24/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 1/8/2014. While carrying something heavy at work he rotated his right ankle causing an injury. A physical exam was performed on 1/8/2014 which showed swelling to the right ankle, patient unable to bear weight on right ankle, painful ankle joint range of motion right side. Diagnoses include grade 2 ankle sprain right side. X-rays were taken which reveal no fracture, but positive for soft tissue swelling, patient was given pain medication, anti-inflammatory medication, crutches and a walking cast for immobilization. Patient began physical therapy almost immediately. During a visit dated 1/23/2014 patient continued to have swelling in right ankle. By 2/18/2014 patient had had 12 visits of physical therapy without resolution of right ankle pain. An MRI was recommended. A progress note dated 3/10/2014 states that there is a torn talofibular ligament and a tear in the calcaneofibular ligament. A request for authorization for surgical repair of these ligaments was made. On 3/26/2014 patient was evaluated by an orthopedic surgeon. The orthopedic surgeon review the MRI results and noted that the MRI was performed at 3/1/2014. It is noted that there is a tear of the anterior talofibular ligament and the calcaneofibular ligament. There is also a lateral talar Dome osteochondral defect. MRI report is noted in chart. Diagnoses include right ankle sprain, with MRI and x-ray evidence of talofibular and calcaneofibular ligament tear, right ankle talar dome osteochondral defect. The orthopedic surgeon, after considering patient's current physical exam as well as his prior treatments including medication, bracing, and physical therapy, has recommended lateral ankle ligament surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Ligament Reconstruction: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for a right ankle ligament reconstruction is medically reasonable and necessary for this patient at this time. Chapter 14 of the MTUS guidelines state that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one 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, and Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. According to the enclosed progress notes, this patient has had activity limitation for more than one month. There has also been a failure of physical therapy/exercise program. He has gone through roughly 12 visits of this medical treatment without resolution of swelling or pain. Finally, there is clear MRI imaging evidence that this patient has a tear of the anterior talofibular and calcaneofibular ligaments. It is also noted that patient has an osteochondral defect of the talar dome, which would necessitate surgical correction. The guidelines mentioned above state that if there is no clear indication for surgery the patient should be referred to a physical medicine practitioner. Patient has already failed physical medicine intervention therefore I feel that surgical intervention is necessary at this time.