

Case Number:	CM14-0062231		
Date Assigned:	07/11/2014	Date of Injury:	12/02/2010
Decision Date:	08/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 female who reported injury on 12/02/2010. The mechanism of injury was the claimant twisted her left foot and ankle while rushing to prevent a fight amongst students. The prior treatments included an ankle brace, CAM walker, injection, and physical therapy as well as medications. The claimant underwent an arthroscopy to the ankle. The claimant underwent a physical examination on 03/20/2014 which revealed the claimant was complaining of persistent instability in the left ankle and pain with prolonged activity. The claimant indicated the arthroscopy helped with pain; however, did not help with instability. The claimant was noted to be wearing her ankle brace at all times or the CAM walker to feel stable. The objective examination revealed tenderness still at the left lateral ankle with mild swelling. The anterior drawer testing and talar tilt testing produced significant pain. The diagnosis was left lateral ankle instability. The plan and discussion included the physician expressed their concerns that the continued pain was likely due to the fact they were not authorized to repair the incompetent lateral ankle ligaments. The physician documented that the prior MRI did not recognize disruption of torn ligaments. The request was made for Brostrom lateral ankle stabilization and a possible repair for a suspected peroneal tendon tear. The claimant underwent an MRI of the left ankle on 04/27/2014 which revealed a tear of the anterior talofibular, calcaneal fibular, and anterior inferior tibial fibular ligament. There was a complex ganglion cyst formation adjacent to the tip of the lateral malleolus likely related to ligamentous injury. There was some synovitis in the tibiotalar joint with subchondral bony changes in the tibial plafond anteriorly likely related to osteochondral injury of the tibial plafond. It was documented that there was a type 2 accessory navicular with mild edema and synchondrosis which could be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brostrom lateral ankle stabilization: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have activity limitation of more than 1 month without signs of functional improvement and a failure of exercise programs to increase range of motion and strength of musculature around the ankle and foot as well as clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. While the ACOEM Guidelines do not specifically address a Brostrom lateral ankle stabilization, the clinical documentation submitted for review indicated the injured worker's MRI revealed a tear of the anterior talofibular, calcaneal fibular, and anterior inferior tibiofibular ligament, which would not respond to conservative care. The injured worker complained of instability. Physical examination revealed tenderness at the left lateral ankle and an anterior drawer test and talar tilt test that produced significant pain. The request for a Brostrom lateral ankle stabilization would be supported. However, the request as submitted failed to indicate the laterality for the requested surgical intervention. Given the above, the request for Brostrom lateral ankle stabilization is not medically necessary and appropriate.