

Case Number:	CM14-0065659		
Date Assigned:	07/11/2014	Date of Injury:	02/20/2013
Decision Date:	08/11/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 Orthopaedic 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:

This 45-year-old female train coach cleaner sustained an industrial injury on 2/20/13. The mechanism of injury was not documented. The 12/19/13 initial podiatry report cited pain on the outside and back of the left ankle, worsened with walking and standing. She denied a feeling of instability. Left ankle physical exam findings documented normal muscle tone, no gross joint deformity, point tenderness over the left distal fibula, pain over the left sinus tarsi and lateral ankle gutter, and pain with inversion and eversion stressing of the left ankle joint. There was no evidence of ligamentous laxity or crepitation. Anterior drawer sign was negative. The diagnosis was multiple left ankle sprains, left ankle tibialis tenosynovitis, and left ankle synovial versus ganglion cyst. The treatment plan recommended lace up ankle brace, physical therapy, trigger point injection to the left ankle, and left ankle surgery consisting of arthroscopy. The 2/12/14 progress report indicated the patient had left ankle pain, primarily on the outside aspect of her ankle. She reported burning pain from the side of the ankle shooting to the bottom of the left foot. Physical exam documented pain with subtalar joint range of motion and minimal pain with ankle flexion/extension. There was pain following the course of the peroneal tendon. The diagnosis was acute capsulitis (sinus tarsi), acute tenosynovitis, and lateral ankle sprain. Treatments rendered to date included physical therapy and ankle brace. The 2/9/14 left foot MRI impression documented thickening of the anterior talofibular ligament, consistent with an old sprain versus tear. There was no edema to suggest acute injury. There was a small plantar calcaneal spur. The 4/24/14 utilization review denied the request for left ankle surgery as there was no description of instability or laxity on examination or documentation of significant functional limitations. There was no documentation of positive stress x-rays and there were minimal findings on the left foot MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Surgery Consisting of ATF Ligament Repair: Upheld

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), Foot and ankle Chapter (updated 01/20/2012), Surgery for ankle sprains. Official Disability Guidelines (ODG), Lateral Ligament Ankle Reconstruction.

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

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs have failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines provide specific indications for lateral ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program), and subjective and objective clinical findings showing evidence of instability and positive anterior drawer. Imaging findings, including positive stress x-rays identifying motion at the ankle or subtalar joint, are required. Guideline criteria have not been met. There is no radiographic or clinical exam evidence of ankle instability. MRI findings suggest an old sprain or tear with no indication of an acute injury. There is no detailed documentation that any recent, guideline-recommended, conservative treatment, including physical therapy/exercise, has been tried and failed. There is no documentation of significant functional limitations. Therefore, this request for left ankle surgery consisting of ATF ligament repair is not medically necessary.