

Case Number:	CM14-0067474		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2013
Decision Date:	08/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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:

This 52-year-old female seasonal agricultural worker sustained an industrial injury on 6/28/13, relative to a slip and fall. She sustained a left hand fracture and left inversion ankle injury. Conservative treatment had included orthotics, injections, physical therapy, and night splints with some benefit reported. Podiatry care was initiated on 1/31/14. The 2/24/14 left ankle MRI impression documented plantar calcaneal spur at the origin of the plantar fascia and plantar fasciitis. There were varicosities of the left tarsal tunnel which increased the risk for left tarsal tunnel syndrome. There was replacement of the normal fatty signal in the sinus tarsi with edema, compatible with increased risk for left sinus tarsal syndrome. All ligaments and tendons were reported intact with no tendinosis or tenosynovitis noted. The 4/2/14 podiatry report documented follow-up for custom molded, fully functional orthotics that provided improvement in symptomatology and gait. The left sinus tarsi and anterior talofibular ligaments were still very tender to touch, weight bearing, or range of motion. Continued orthotic use was recommended. The patient was felt to be a surgical candidate for lateral ankle stabilization. The 4/18/14 left ankle x-ray impression documented moderately large plantar and small posterior calcaneal spurs. The 4/23/14 left ankle stress x-ray impression documented normal left ankle, without evidence of instability with medial or lateral stress. The 4/29/14 podiatry report cited constant left ankle pain radiating up into left hamstring area. She reported that she was getting out of a chair and heard/felt a popping sensation in the left ankle and almost fell down from it giving out. Physical exam documented pain to palpation and mild swelling around the left sinus tarsi area, left peroneal tendons, and left Achilles tendon watershed area. There was no ecchymosis. Neurovascular status was adequate. Basic talar tilt exam showed 15-degree difference on the left compared to the right side. Stress x-rays were reported as negative but did not correlate with clinical findings. A left sinus tarsi injection was provided to reduce pain and

inflammation. Surgery was recommended. The 5/9/14 utilization review denied the request for lateral ankle stabilization based on an absence of positive stress films, no imaging evidence of ligament tears, and no clinical exam evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral ankle stabilization: Upheld

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

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 had 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. Guideline criteria have not been met. There is no radiographic evidence of instability on stress x-rays. There is no ligamentous insufficiency or instability documented on imaging. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left lateral ankle stabilization is not medically necessary.

Cast Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Bracing (immobilization).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary

Air Cast Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Bracing (immobilization).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary