

Case Number:	CM14-0069516		
Date Assigned:	07/16/2014	Date of Injury:	07/29/2013
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/14/2014

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 29-year-old female sustained an industrial injury on 7/29/13. The injury occurred when her left foot was run over by a vehicle at work. The 2/12/14 orthopedic report cited left ankle pain with locking, catching, and instability, and numbness and tingling of the left leg and foot. Ambulation was limited to a few blocks due to pain. The patient had been treated with physical therapy and medications but remained symptomatic. The physical exam documented left antalgic gait and marked soft tissue swelling about the dorsal foot with tenderness. Foot and ankle range of motion was full. Anterior drawer sign and lateral stress tests were positive for chronic ankle instability. There was decreased light touch sensation of the dorsal medial aspect of the left foot. X-rays of the left foot and ankle showed mild soft tissue swelling. The treatment plan recommended an MRI and EMG. The 3/19/14 treating physician report indicated the patient was doing poorly with marked locking and instability of the left ankle. The physical exam documented the patient to be in marked distress. There was lateral tilt of her left ankle with marked instability with lateral and anterior drawer testing. An MRI findings showed lateral instability of the ankle. The patient had been treated appropriately with physical therapy, injections, medications, bracing and rest and remained disabled. Authorization was requested for a stabilization procedure to the left ankle given clinical and MRI evidence of lateral instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified Brostrom repair of left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle & Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lateral ankle ligament reconstruction (surgery).

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. The 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. The repairs of ligament tears are generally reserved for chronic instability. The ODG recommended ankle ligament reconstructions for patients who have failed conservative treatment with subjective findings of instability and swelling, objective clinical exam findings of instability (positive anterior drawer sign), and positive stress x-rays identifying motion at the ankle or subtalar joint. The guideline criteria have been met. There is function limiting pain with clear clinical evidence of instability. An MRI findings are reported as demonstrating lateral instability. The patient has failed reasonable conservative treatment. Therefore, this request for modified Brostrom repair of left ankle is medically necessary.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The guideline criteria have been met. There is no current documentation of past medical history. Given the risks of anesthesia, medical clearance is appropriate. Therefore, this request for medical clearance is medically necessary.

Post-op physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle & Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for ankle sprain suggest a general course of 34 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request for post-op physical therapy is not medically necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The ODG state that continuous flow cryotherapy is not recommended in ankle complaints. The guidelines support cryotherapy in the form of cold packs. This request is for a cold therapy unit for unknown length of use is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.