

Case Number:	CM14-0071038		
Date Assigned:	07/14/2014	Date of Injury:	09/09/2013
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/16/2014

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 26-year-old female certified nursing assistant sustained an industrial injury on 9/9/13. The injury occurred when she tripped and inverted her right ankle, causing her to fall. The 12/3/13 right ankle MRI documented a trabecular fracture with intense bone marrow edema in the cuboid. There was no cortical fracture or disruption. The findings documented anterior talofibular ligament sprain and partial intrasubstance tear, and calcaneofibular ligament and deltoid complex sprain. There was mild tendinosis and tenosynovitis of the posterior tibialis tendon, and sprain of the flexor retinaculum. The 12/14 13 initial podiatry consult cited moderate medial and lateral right rear-foot and ankle pain, worse with prolonged walking and standing. The pain was relieved with rest and ice. Treatment had included physical therapy, ankle brace and crutches initially. The calculated body mass index was 41.2 by reported height and weight. The patient was ambulating in open sandals with no brace or splint without an assistive device. The physical exam documented diffuse pain, no crepitus or subluxation, and no history of functional instability. The patient had unrestricted range of motion and no pain at end-range. The MRI showed right ankle and foot sprain. The patient was to continue physical therapy for 6 more visits, and wear supportive shoes. She was unable to take medications due to a possible pregnancy. The patient was continued on modified duty. The 2/18/14 treating physician report cited benefit to physical therapy. The patient reported grade 6/10 pain with minimal edema. Otherwise the physical exam was within normal limits. The patient was released to full duty work. The patient was not pregnant and anti-inflammatory medications were prescribed. The 3/11/14 progress report cited grade 8/10 pain and a physical exam within normal limits. The patient was only taking Tylenol as she lost her prescription. A diagnostic/therapeutic injection was performed into the lateral structures and Meloxicam was prescribed. The 3/25/14 progress report cited persistent grade 7-8/19 right foot and ankle pain. The patient was using a cane and

working full duty. The patient was unable to obtain medications due to administrative issues. She had minimal and temporary relief from the steroid injection on 3/11/14. She had completed 12 physical therapy visits. The treatment plan recommended medications and a home program. The 4/8/14 progress report cited intermittent grade 5-6/10 pain, mostly with prolonged standing. Pain was reduced with rest and elevation, medications were still not available. The patient had not necessarily responded to conservative treatment and requested relief and cure. The physical exam documented minimal edema. Otherwise the exam was within normal limits. Pre-operative clearance would be required considering her body mass index and pre-diabetic history. An arthrotomy and synovectomy with repair of the lateral and medial ligaments was recommended. The 4/28/14 utilization review denied the request based on a lack of detailed documentation regarding failure of conservative treatment. The patient's body mass index was not defined and could pose difficulties in post-operative ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthrotomy with joint exploration, with or without biopsy, with or without removal of loose or foreign bodies: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - lumbar and thoracic (acute and chronic).

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

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. This patient presents with intermittent pain and some edema over the medial and lateral collateral ligaments. Functional benefit was noted with physical therapy allowing for return to work full duty. Comprehensive pharmacologic conservative treatment has not been tried. There is no clinical evidence of instability and no reported instability. The range of motion and strength are within normal limits. Therefore, this request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

12 sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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