

Case Number:	CM14-0072005		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2010
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The patient is a 41 year old female who sustained an industrial injury on 10/18/2010, resulting from a right ankle twisting injury. Treatment has included surgery, orthotics, home exercise, medication, and activity modification. According to the 6/4/2013 initial podiatric consultation report, she underwent attempted arthroscopic ligament repair on 7/6/2011. Examination revealed a well-healed incision on the lateral aspect of the right ankle, pain on ambulation, normal 5/5 muscle strength, intact neurocirculatory status, pain with palpation of the ankle joint along the peroneus brevis and longus tendons and significant tenderness along the ATF, pes planus bilaterally, and showing symptomatology of hypercallosity at the interphalangeal joint of the hallux of the right foot, pain with talar tilt. She demonstrates instability mostly due to pain, anterior drawer sign is painful and partially positive with clicking of the ankle joint. Range of motion due to severe pain is 20/30/15/10. Reviewed diagnostics: Diagnostic ultrasound confirmed attenuation and thinning of the peroneus brevis tendon along its path as at the insertion of the fifth metatarsal and tear of the anterior talofibular ligament of the right ankle. Diagnoses: 1. Status post repair of the peroneus brevis tendon with failure, right ankle. 2. Ultrasound confirmed injury to the peroneal tendon with attenuation and thinning of the tendon, right ankle. 3. Ultrasound confirmed tear of the anterior talofibular ligament, right ankle. 4. Instability, right ankle. Surgical intervention was recommended treatment. According to the handwritten 3/21/2014 PTP PR-2, which is not entirely legible, the patient complains of right ankle pain and difficulty walking. Physical examination documents healed scar and pain with hyperpronation, tenderness greater at right anterolateral than achilles tendon, pain with eversion/inversion, and appear to indicate pain with less than normal ROM (range of motion). Diagnoses: S/p (status post) 7/6/11 right ankle scope, reconstruction of peroneal tendon; xray

12/6/12 right ankle/foot: calcaneal spur; dx US (1/31/13): fibrosis peroneal brevis. She continues to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE SURGERY PERONEUS LONGUS TENDON REPAIR WITH ANASTOMOSES TO THE PERONEUS LONGUS TENDON AND ANTERIOR TALOFIBULAR LIGAMENT REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377-378. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Ankle, Surgery for ankle sprains.

Decision rationale: The CA MTUS ACOEM guidelines states repairs are generally reserved for chronic instability. Based on limited research-based evidence, reconstruction of lateral ankle ligament for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films, is recommended. The guidelines state functional treatment is preferred over surgical therapy for lateral ankle injury. According to the 6/13/2013 report, she is described as having instability mostly due to pain, pain and click with anterior drawer sign, described as partially positive. The medical records do not establish the patient has true and actual instability of the right ankle joint. In addition, the medical records do not establish this patient meets the criteria regarding subjective and objective clinical findings and imaging findings, as detailed in the guidelines referenced, to support and establish she is candidate for the proposed ankle surgery. Therefore, the request is not medically necessary.