

Case Number:	CM14-0078995		
Date Assigned:	07/18/2014	Date of Injury:	10/28/2008
Decision Date:	08/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/29/2014

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 52-year-old male sustained an industrial injury on 10/28/08. The injury occurred when he fell off the back of a truck. The patient was status post shoulder surgery on 2/21/11, right knee surgery in 7/9/10, left knee surgery on 2/21/11, right wrist surgery on 10/25/11, and right forearm surgery on 5/1/12 with hardware removal on 7/30/12. He was also treated for persistent lower back pain. The 8/8/12 right ankle MRI impression documented an anterior inferior syndesmostic ligament tear, grade 3 tear of the anterior talofibular (ATF) ligament, and a slight thickening grade 1 deltoid tear. The 5/13/14 orthopedic report cited the ankle was painful and unstable with intermittent swelling. The physical exam documented a mild bulge in his legs, mild pronation of both feet, and some slight varus alignment of the calcaneus relative to the weight bearing axis. The first metatarsal was hypermobile. Right ankle dorsiflexion was less than 10 degrees. Subtalar motion was normal. There was grade 1+/3 laxity but anterior drawer was stable. There were plantar fibromas in his plantar arch with mild to moderate pain. There was mild to moderate pain at the anterior inferior tibiofibular, anterior talofibular ATF, and calcaneofibular ligaments laterally. There was some peroneal crepitus. X-rays showed anatomic alignment at the ankle joint and some slight irregularities at the tip of the lateral malleolus consistent with previous tears. The diagnosis was right ankle injury with grade 3 ATF ligament tear, possible grade 2 anterior syndesmosis tear, and grade 1 deltoid tear. The treatment plan recommended repeat MRI and authorization for surgery pending MRI for definitive procedures. The 5/23/14 utilization review denied the request for right ankle surgery and associated items based on no evidence of conservative treatment, lack of clinical exam findings of instability, and no positive stress x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative medical clearance (Electrocardiogram, complete blood count, electrolytes, urinalysis, prothrombin time, partial prothrombin time) between 5/21/2014 and 7/5/2014:
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.

Assistant surgeon between 5/21/2014 and 7/5/2014: 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.

16 postoperative physical therapy visits between 5/21/2014 and 7/5/2014: 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.

Repair of the lateral ligament of the right ankle with repair/reconstruction of the peroneal tendon, subluxation of the peroneal with fibular osteotomy and repair of the anterior syndesmotomic ligament tear under general anesthesia between 5/21/2014 and 7/5/2014:
Upheld

Claims Administrator 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), Treatment Index, 11th edition (web), 2013, Ankle and Foot chapter, Lateral ligament ankle reconstruction.

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) Ankle and Foot, Lateral ligament ankle 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. 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. The criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective and objective clinical findings showing evidence of instability and positive anterior drawer are required. Imaging findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint. In this case the guideline criteria have not been met. There is no detailed documentation that guideline-recommended conservative treatment had been tried and failed. There is no current pain or functional assessment documented. There is a statement that the ankle is unstable and clinical exam documented 1+/3 laxity, but anterior drawer was negative. There is no evidence of positive stress x-rays. Updated ankle MRI is pending with no results available. Therefore, this request for repair of the lateral ligament of the right ankle with repair/reconstruction of the peroneal tendon, subluxation of the peroneal with fibular osteotomy, and repair of the anterior syndesmotic ligament tear under general anesthesia is not medically necessary.