

<b>Case Number:</b>	CM14-0079754		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 47-year-old female who reported an injury to her right ankle when she fell into a gopher hole on 06/05/13. The note indicates the injured worker complaining of right ankle pain that was described as a burning sensation with a tightness and stiffness. The injured worker has undergone 8 physical therapy sessions to date. The injured worker rated the pain as 7-8/10. The note indicates the injured worker undergoing a home exercise program with a focus on stretching exercises. Upon exam, the injured worker demonstrated right sided ankle reflex deficits that were rated as 1+/2. The injured worker also demonstrated 4/5 strength with right ankle dorsa flexion. Hip abduction was also identified as having 4/5 strength. The injured worker was able to demonstrate -5 to 65 degrees of range of motion at the right ankle with extension and flexion. No tenderness or swelling was identified. X-rays of the right ankle dated 05/30/14 revealed a mild calcaneal spur at the insertion of the Achilles tendon. No evidence of fracture or osteochondral lesion was identified. No other significant pathology was revealed. Early degenerative changes were revealed at the talonavicular joint. The clinical note dated 06/06/14 indicates the injured worker having undergone a Cortisone injection and was currently utilizing a cam walker at that time. The utilization review dated 05/29/14 resulted in denials for the requested surgical procedure involving a Brostrum repair, medical clearance, lab work, an ankle brace; knee walker and electrocardiogram as insufficient information had been submitted confirming the injured worker's significant findings by imaging studies. Additionally, no significant clinical findings were submitted confirming the injured worker's evidence of laxity and range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brostrom Repair of Lateral Ankle Ligaments Right: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Indication for Surgery-Lateral ligament ankle reconstruction.

**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 Chapter, Lateral ankle repair.

**Decision rationale:** The documentation indicates the injured worker complaining of right ankle pain with associated range of motion deficits. A lateral ankle repair is indicated for injured workers with imaging studies confirming a 15 degree lateral opening at the ankle joint or demonstrable subtalar movement has been identified. The submitted x-rays revealed no findings consistent with a lateral opening or subtalar movement. Without this information in place, the request is not medically necessary.

**Medical Clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

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

**Lab Work: CBC, CHERN 7, PT/PTT: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

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

**Ankle Brace: Upheld**

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

**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 Chapter, Bracing (immobilization).

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

**Knee Walker:** Upheld

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

**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 Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

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

**EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG).

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