

<b>Case Number:</b>	CM14-0080400		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Pennsylvania. 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 claimant is a 55-year-old male who sustained a vocational injury on December 14, 2009 while pulling a chain up a ramp that unfortunately snapped and struck the back of his calf. The medical records provided for review document that x-rays of his bilateral anterior posterior ankles dated June 25, 2013, showed no acute fracture and no instability. The report of an MRI without contrast of the right foot dated August 5, 2013 showed edema from the fibular sesamoid, which may have been related to underlying sesamoiditis versus trauma. There were degenerative changes at the first metatarsophalangeal and tarsometatarsal joints. The claimant was seen in the office on February 18, 2014, and it was documented that he was unable to work because of pain. Examination revealed a positive Drawer Sign of the right ankle and well-localized pain over the anterior shoulder of the ankle. A push/pull test revealed a positive stress test of the right ankle. The right ankle displaced about 3-4 millimeters in distraction posteriorly. Anteriorly, the joint narrowed because the talus is moved forward. At the March 18, 2014 follow-up appointment, the claimant complained of continued localized pain to the right ankle and instability. Examination again revealed a positive Drawer Sign and push/pull test. His X-ray demonstrated instability of the joint. At the office visit on April 29, 2014 examination was unchanged and it was documented that on the push/pull test the talus moved about 8 millimeters anteriorly out of the ankle joint when stressed on the right compared to 0 degrees of motion on the left. The office note dated July 15, 2014 documented complaints of constant pain with walking and standing and the claimant requested surgery. Upon exam, he had a positive Drawer Sign on the right ankle but none in the left ankle. He had severe pain over the anterior shoulder of the right ankle. He was diagnosed with a Grade III ligament injury of the right ankle. Conservative treatment to date has included physical therapy and medications. The current request is for repair of the collateral ligaments of the right ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repair of Collateral Ligaments of right ankle:** Overturned

**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, Treatment Index, 12th Edition (web), 2014 , Ankle and Foot-Lateral Ligament ankle reconstruction (surgery).

**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); Foot and Ankle chapter: Lateral ligament ankle reconstruction (surgery).

**Decision rationale:** Based on California MTUS/ACOEM Guidelines and supported by Official Disability Guidelines, the claimant meets ACOEM Guideline criteria for surgical intervention because records document that the claimant has both clear clinical and imaging evidence of a lesion that received both short- and long-term benefit from repair. The claimant has tried and failed a reasonable course of conservative treatment and continues to have functional deficits with subjective complaints and abnormal physical exam objective findings. Based on the documentation presented for review and in accordance with California MTUS/ACOEM and Official Disability Guidelines, the request for the repair of the collateral ligaments of the right ankle is medically reasonable.