

<b>Case Number:</b>	CM14-0083397		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Surgeon 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 injured worker is a 47-year-old female who reported an injury on 10/18/2013 after pushing a wheelchair injury her left ankle. Her treatment history included immobilization, physical therapy, a platelet-rich plasma injection, and a home exercise program. The injured worker underwent an MRI on 01/06/2014 that identified there was thickening of the anterior talofibular ligament and calcaneofibular ligament compatible with an old sprain. The examination dated 04/08/2014 determined the following physical findings: tenderness to palpation of the ankle ligaments with a positive inversion stress test; positive anterior drawer test; and tenderness to palpation of the anterior joint line. The injured worker's diagnoses included tenosynovitis of the foot/ankle, sprain of the calcaneofibular ligament, and sprain of the ankle. A Letter of Appeal dated 04/30/2014 indicated that the requested surgical intervention was not authorized secondary to a lack of clinical examination findings supporting instability. It was noted that the injured worker had findings of instability and joint line tenderness that would benefit from surgical intervention therefore, the surgery was again requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle anatomic repair of anterior talofibular ligament:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Treatment Integrated

Treatment/Disability Duration Guidelines; Ankle & Foot ( Acute & Chronic) Diagnostic arthroscopy Knee & Leg (Acute).

**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 Chapter, Surgery for Ankle Sprain.

**Decision rationale:** The requested left ankle anatomic repair of anterior talofibular ligament is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for an ankle injury should be supported by significant functional loss identified on physical examination consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has a positive anterior drawer sign with complaints of persistent pain and swelling. However, the imaging study submitted for review does not provide any evidence of significant pathology that would benefit from surgical intervention. The Official Disability Guidelines recommend surgical intervention for a chronic ankle sprain be supported by positive stress x-rays identifying motion in the ankle or subtalar joint. The clinical documentation does not include an x-ray that is consistent with these findings. Therefore, the need for surgical intervention is not clearly established. As such, the requested left ankle anatomic repair of anterior talofibular ligament is not medically necessary or appropriate.

**Left ankle arthroscopy tibiotalar ad fibulotalar joints, synovectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines; Ankle & Foot ( Acute & Chronic) Diagnostic arthroscopy Knee & Leg (Acute).

**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 Chapter, Surgery for Ankle Sprains.

**Decision rationale:** The requested left ankle arthroscopy tibiotalar and fibulotalar joints, synovectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for an ankle injury should be supported by significant functional loss identified on physical examination consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has a positive anterior drawer sign with complaints of persistent pain and swelling. However, the imaging study submitted for review does not provide any evidence of significant pathology that would benefit from surgical intervention. The Official Disability Guidelines recommend surgical intervention for a chronic ankle sprain be supported by positive stress x-rays identifying motion in the ankle or subtalar joint. The clinical documentation does not include an x-ray that is consistent with these findings. Therefore, the need for surgical intervention is not clearly established. As such, the requested left ankle arthroscopy tibiotalar and fibulotalar joints, synovectomy is not medically necessary or appropriate.

**Left ankle arthroscopy with lifted surgical debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines; Ankle & Foot ( Acute & Chronic) Diagnostic arthroscopy Knee & Leg (Acute).

**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 Chapter, Surgery for Ankle Sprains.

**Decision rationale:** The requested left ankle arthroscopy with lifted surgical debridement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for an ankle injury should be supported by significant functional loss identified on physical examination consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has a positive anterior drawer sign with complaints of persistent pain and swelling. However, the imaging study submitted for review does not provide any evidence of significant pathology that would benefit from surgical intervention. The Official Disability Guidelines recommend surgical intervention for a chronic ankle sprain be supported by positive stress x-rays identifying motion in the ankle or subtalar joint. The clinical documentation does not include an x-ray that is consistent with these findings. Therefore, the need for surgical intervention is not clearly established. As such, the requested Left ankle arthroscopy with lifted surgical debridement is not medically necessary or appropriate.

**Post-operative crutches: 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.

**Post-operative Cold therapy unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated /Disability Duration Guidelines Ankle & Foot (Acute & Chronic) Cryotherapy.

**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.

