

<b>Case Number:</b>	CM14-0094302		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 claimant is a 58-year-old female with reported industrial injury on 2/12/14. Magnetic resonance imaging (MRI) left ankle demonstrates mild hypertrophic changes along the dorsum of the talonavicular joint. Reports states there is a tibiotalar effusion with synovitis communicating with the posterior subtalar joint. Exam note from 5/22/14 demonstrates claimant with persistent left ankle sprain. Exam demonstrates symptoms through the distal fibula through the soft tissue at the lateral rear foot and ankle. Diagnosis is for left ankle sprain and request for surgery for the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Surgery Left Ankle QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients

who have:- Activity limitation for more than one month without signs of functional improvement- Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair The guidelines go on to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 5/22/14 of significant pathology in the ankle to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's ankle pain. The MRI of the ankle is essentially normal from 3/12/14. Therefore the guideline criteria have not been met and determination is for non-certification.

**Preoperative PCP QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for preoperative PCP.

**Postoperative Physical Therapy, Left ankle QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for postoperative physical therapy x 12 visits.

**Crutches: 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): Integrated Treatment/Disability Duration Guidelines Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic) Walking Aids.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is for non-certification for crutches.