

Case Number:	CM14-0129489		
Date Assigned:	08/18/2014	Date of Injury:	06/05/2013
Decision Date:	02/04/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 injured worker is a 42 year old male who suffered an unknown work related injury to his left foot and ankle on 06/05/2013. Per the physician noted from 07/09/14 he complains of left ankle and foot pain at a level of 3/10 at rest and 7/10 with any attempted repetitive weight bearing activities. A Hinge brace AFO has failed to provide any significant relief. He has undergone cortisone, injections, immobilization, physiotherapy, and pain management without significant reduction in his pain. His left ankle is noted to have 1-2+ edema and the left calf has noted atrophy. Range of motion to the left ankle is limited. Moderate tenderness is noted to the third web space of his left foot with a positive compression test. Palpation reveals a very tender cylindrical mass to the plantar aspect of the third web space consistent with a traumatic neuroma. Hew s noted to walk with an obvious perceptible limp. The stride is shortened on the left side. MRI of the left ankle on 07/29/13 was reported to show findings compatible with chronic sprain and the anterior talofibular and calcaneofibular ligaments had been torn and healed in an elongated position with thickening causing chronic ankle instability complicating his ankle pain. He has not worked since 06/05/13. The recommended treatment is arthroscopic debridement of the left ankle, left ankle stability repair with a Bostrom Repair, and excision of a traumatic neuroma in the third web space of the left foot. These treatments were denied by the Claims Administrator on 07/11/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement, left ankle: 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, 2013, Ankle and foot chapter, ODG Indications for surgery

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case there is not attached formal MRI report in the submitted documentation to support authorization for the requested procedure. Therefore the request is not medically necessary.

Left lateral ankle stabilization via Brostrom repair utilizing Anthrex Anchor System:
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, 2013, Ankle and foot chapter, ODG Indications for surgery

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case there is not attached formal MRI report in the submitted documentation to support authorization for the requested procedure. Therefore the request is not medically necessary.

Excision of traumatic neuroma third webspace, left foot: 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, 2013, Ankle and foot chapter, ODG Indications for surgery

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have activity

limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case there is not attached formal MRI report in the submitted documentation to support authorization for the requested procedure. Therefore the request is not medically necessary.