

Case Number:	CM14-0191689		
Date Assigned:	11/25/2014	Date of Injury:	09/18/2013
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Minnesota. 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:

This is a male patient with an injury date of 09/18/2013 and no narrative description of events offered within the supporting documentation. A pain management visit dated 04/10/2014 described the patient still complaining of right ankle pain rated a 5 out of 10 on pain scale. He is also noted wearing a brace with positive effects. The patient also stated that his pain level decreased down to a rating of 2 out of 10 with the use of analgesics. Physical examination showed tenderness with palpation over the right lateral malleolus without bone deformity or erythema and noted edema. The range of motion demonstrated flexion of 10 degrees and extension of 15 degrees at that time. He was diagnosed with right ankle sprain. There was also a request for MRI and he was to continue on modified work duty. A radiologic report dated 06/14/2014 revealed evidence of prior lateral ligamentous complex sprain injury, along with a 5 mm osteochondral lesion at the lateral talar dome age indeterminant. There was also note of moderate tibiotalar joint effusion. An orthopedic visit dated 09/30/2014 reported the patient having been off work from October 2013 with note of having had worked modified duties from 09/20 through October 05. Physical examination described the right ankle/foot with no significant deformity or malalignment. There was no apparent soft tissue swelling or edema; along with no signs of muscle atrophy. There was tenderness noted with palpation over the right anterior talofibular ligament. In addition, he was noted having tenderness with deep palpation over the anterolateral tibiotalar joint. At this time he was diagnosed with chronic right lateral ankle sprain with probable residual instability and right lateral talar osteochondral lesion rule out anterolateral impingement. The plan of care indicated he had undergone extensive course of appropriate conservative treatment but continued with complaint of pain. A request for right ankle arthroscopy with debridement, chondroplasty, and lateral ankle ligament repair was

requested on 09/30/2014. The Utilization Review denied the request on 10/28/2014 as not meeting the medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy Debridement Chondroplasty, Lateral Ankle Ligament Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Arthroscopy; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809940/?report=classic>; Knee Surg Sports Traumatol Arthrosc. Feb 2010; 18(2): 238-246. Published online Oct 27, 2009. doi: 10.1007/s00167-009-0942-6, PMID: PMC2809940; <http://www.ncbi.nlm.nih.gov/pubmed/12911239>; Arthroscopic debridement and drilling of osteochondral lesions of the talus; Barnes CJ1, Ferkel RD.; Foot Ankle Clin. 2003 Jun;8(2):243-57, Abstract

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: Surgical considerations for lateral ankle ligaments are indicated for symptomatic patients with ankle laxity demonstrated on physical examination and positive stress films. The documentation does not indicate any stress films having been obtained. Furthermore, there is no documentation of significant ligamentous laxity on examination with a positive anterior drawer or inversion stress. The MRI findings indicate thickening of the ligaments which may be related to an old injury without evidence of instability. Based upon the above, the guidelines do not recommend the requested surgical procedure of lateral ankle ligament repair with arthroscopy and debridement chondroplasty and the request is not medically necessary.

Associated surgical service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: The surgery is not medically necessary. Therefore the need for an assistant surgeon is not applicable.