

Case Number:	CM14-0197334		
Date Assigned:	12/05/2014	Date of Injury:	04/11/2014
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York. 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 patient has bilateral ankle pain. He's diagnosed with sprain and strain. He has problems walking and standing because of pain. On physical examination he has pain on movement in all directions of both ankles. There is tenderness to palpation of the bilateral malleolar in the bilateral ankles. There is not any evidence of gross deformity. There were no neurovascular deficiencies on exam. Overall both ankles appears stable. MRI left ankle shows partial tear of the peroneal brevis tendon and mild swelling without evidence of ligamentous injury. MRI right ankle shows mild soft tissue swelling with a torn anterior talofibular ligament. At issue is whether ankle surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of tendon, left foot: 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), Ankle & Foot (updated 10/29/14), Lateral Ligament Ankle Reconstruction (Surgery), and Indications for Surgery, and Peroneal Tendinitis/tendon rupture (treatment)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG foot chapter, MTUS foot pain chapter.

Decision rationale: An established criterion for tendon repair was not met. There is no documented evidence of instability or weakness a lack of tendon function on physical examination. In addition, there is no documentation of significant conservative measures to include physical therapy with a recent trial and failure. Additional conservative measures are medically necessary. There is no documentation a functional limitation on physical examination. Therefore, this request is not medically necessary.

Brostrom Gould procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG foot chapter.

Decision rationale: The guidelines for this surgery were not met. The surgery is performed for ankle stabilization. There is no documentation of physical examination at the ankle as instability. There is no documentation of her recent trial and failure of conservative measures to include physical therapy. Since instability in recent physical therapy is not documented, the surgery is not medically necessary.