

<b>Case Number:</b>	CM14-0208134		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 a date of injury of April 22, 2014. He has chronic right ankle pain. He has had physical therapy but continues to have swelling in his right ankle. He has had 8 physical therapy visits. He takes narcotics and Motrin for pain. On physical examination he has decreased range of motion of the ankle. There is negative ankle drawer sign. There is tenderness over the right anterior talofibular ligament. The patient had MRI of the lower extremity that demonstrated no fractures in the midfoot and forefoot. There is suggestion of an anterior talofibular ligament strain. The patient is diagnosed with chronic right ankle sprain. At issue is whether surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy, Synovectomy, talar bone microfracture with modified brostrom for the right ankle.:** 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)

**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: MTUS ankle pain chapter, ODG ankle chapter

**Decision rationale:** This patient does not meet criteria for ankle surgery. Specifically there is no documentation of her recent trial and failure of conservative measures to include physical therapy. There is no documentation of MRI evidence showing frank ligament tear. There is no documentation of instability on physical examination. Criteria for ankle surgery not met.

**Associated surgical service: pre-op medical clearance H&P to include lab work and EKG with [REDACTED]** 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)

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**Associated surgical service: post-op physical therapy two times a week for six weeks for the right ankle.:** 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:** Since surgery is not medically necessary, then all other associated items are not needed.