

Case Number:	CM15-0005420		
Date Assigned:	01/16/2015	Date of Injury:	07/05/2014
Decision Date:	03/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 35-year-old female who reported an injury on 07/05/2014. She had reportedly rolled her ankle with negative x-rays and was provided with ibuprofen and Norco which had been helping relieve her pain. She indicated that her pain level as of 07/08/2014 was 6/10 to 8/10 described as sharp and located in the right ankle/foot. An MRI was taken on 08/04/2014 which revealed a grade 2 lateral ankle sprain without evidence of complete disruption of significant syndesmotic injury with mild peroneus brevis tendinosis and tenosynovitis as well as mild posterior tibial tendon tenosynovitis. She was advised to continue with the home exercise program and/or any formal physical therapy she had remaining. She had been provided anti-inflammatories and pain relieving medications to include gabapentin. On examination, full inversion of her ankle was painful, the injured worker had no significant findings other than tenderness to the lateral malleolus. However there was slight diminished strength identified in the right great toe and right ankle dorsiflexion. However it was stated that this was difficult to determine due to pain inhibition. Her sensory examination was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery: Right ankle Arthroscopy/ Synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS 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) Ankle and Foot Chapter, Surgery for ankle sprains.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgery may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement or have failed exercise programs to increase the range of motion and strength of the musculature around the ankle and foot. The Official Disability Guidelines were also referred to in this case to give a more specified criteria for undergoing surgery for ankle sprains. Under the guidelines, with the patient having been respondent to the steroid injection and with her MRI identifying synovitis, the proposed surgery would be considered medically necessary to improve her functional ability.