

Case Number:	CM15-0103858		
Date Assigned:	06/08/2015	Date of Injury:	02/08/2013
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/30/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 36 year old male who sustained an industrial injury on 02/08/2013. He reported ankle pain. The injured worker was diagnosed as having right ankle deltoid ligament injury, right fibula retained hardware, well-reduced right ankle mortise, status post syndesmosis ligament reconstruction of the right ankle, and old sprain of the anterior talofibular ligament without instability. Treatment to date has included surgery (syndesmosis reconstruction with open reduction of the distal tibiofibular joint and distal tibiotalar joint 01/03/2014) and medications. Currently, the injured worker complains of pain over the lateral malleolar area and over the medial deltoid area. The IW feels the pain is quite severe and waxes and wanes. On examination, there is marked tenderness over the deltoid of the right medial ankle, minimal tenderness over the anterior talofibular ligament, and no instability on inversion stress test and anterior drawer. Tenderness is noted over the plate of the fibula, and there is no tenderness over the tibiofibular ligament anteriorly. A MRI of the right ankle shows marked thickening of the deltoid ligament and some thickening of the anterior talofibular ligament. X-rays (03/04/2015) show a well-reduced right ankle mortise, a normal stress examination, right ankle, and retained hardware, right fibula. The plan of treatment is for a Right ankle deltoid ligament reconstruction which is requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle deltoid ligament reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot - Online Version - Lateral ligament ankle reconstruction (surgery).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ellis et al. "Deltoid Ligament Reconstruction with Peroneus Longus Autograft in Flatfoot Deformity." FAI 2010 vol 31(9) 781-789.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of deltoid reconstruction. Alternative reference is used: Ellis et al. "Deltoid Ligament Reconstruction with Peroneus Longus Autograft in Flatfoot Deformity." FAI 2010 vol 31(9) 781-789. Deltoid reconstruction is warranted with valgus talar tilt for painful flatfoot reconstructions. In this case there is no radiographic evidence on static or stress views of talar instability to warrant deltoid reconstruction. Therefore, the request is not medically necessary.