

Case Number:	CM15-0015591		
Date Assigned:	02/03/2015	Date of Injury:	04/23/2012
Decision Date:	04/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York

Certification(s)/Specialty: Neurological 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 is a 46-year-old female, with a reported date of injury of 04/23/2012. The diagnoses include status post Brostrom-Gould lateral ankle stabilization on the right, right ankle pain, and right ankle swelling. Treatments have included a right lateral stabilization. The progress report dated 07/02/2014 indicates that the injured worker reported a popping sensation of her right ankle. The objective findings include minimal swelling was noted about the right ankle and minimal tenderness on palpation over the lateral ankle ligament complex on the right. The medical record from which the request originates was not included in the medical records provided for review. The treating physician requested right ankle surgery, casting, casting supplies, a CAM walker, and crutches. On 01/06/2015, Utilization Review (UR) denied the request for right ankle surgery, casting Quantity: 3.00, supplies for casting Quantity: 16.00, CAM walker, and crutches. The UR physician noted that there was insufficient information regarding any recent conservative care of the right ankle and insufficient information regarding a comprehensive physical examination that showed ligament instability. Since the surgery was denied, the associated requests were denied. The MTUS ACOEM Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot (updated 03/26/15)Lateral ligament ankle reconstruction.

Decision rationale: ODG guidelines indicate that functional treatment is preferred over surgical therapy for lateral ankle injury. The PR2 of 07/02/2014 indicated the ankle had minimal tenderness and felt stable even tho the patient complained of popping. Documentation does not provide evidence of a positive anterior drawer sign and positive stress x-rays. Thus the requested treatment: right ankle surgery is not medically necessary and appropriate.

Associated Surgical Service: Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot, Cast (immobilization).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Supplies for Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot, Casting (immobilization).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Cam Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot, Cast (immobilization).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.