

Case Number:	CM15-0131098		
Date Assigned:	07/23/2015	Date of Injury:	08/11/2013
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Illinois, California, Texas
 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 8/11/13. Injury occurred relative to a fall from an electric pallet jack. Conservative treatment had included physical therapy, bracing, rest, ice, compression, elevation, and anti-inflammatory medications. He had developed a deep vein thrombosis of his left lower extremity and had been placed on Coumadin. The 10/16/13 right ankle MRI impression documented a small spur at the anterior aspect of the talus, and small effusion at the talofibular, tibiotalar and subtalar joints. The 10/16/13 right foot MRI impression documented hyperflexion of the metatarsophalangeal joints of all digits. The 3/13/15 bilateral ankle stress radiographs showed increased talar tilt on the right compared to the left. He had a positive anterior drawer with almost complete dislocation of the ankle mortise on the lateral view. The 6/4/15 treating physician report cited chronic right ankle pain and instability. He was unable to ambulate without discomfort and his activity was limited. There was pain to palpation of the anterior talofibular ligament area and to the sinus tarsi, and positive anterior drawer test. He had instability with ambulation, weakness with dorsiflexion, plantar flexion, inversion and eversion, and edema along the anterolateral aspect of the right ankle, consistent with rupture of the anterior talofibular ligaments. The left lower extremity still had a thrombus visible on the ultrasound performed in May but he was vascularly cleared for surgery. Authorization was requested for a modified Brostrom procedure for the right ankle with lateral ankle internal brace. The 6/24/15 utilization review non-certified the request for modified Brostrom procedure for the right ankle with lateral ankle internal brace as there were no positive stress x-rays or evidence of immobilization with cast or brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified Brostrom procedure, right ankle, with lateral ankle internal brace: Overturned

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 and Foot chapter.

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: lateral ligament ankle reconstruction (surgery).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines provide specific indications for lateral ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective and objective clinical findings showing evidence of instability and positive anterior drawer are required. Imaging findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint. Guideline criteria have been met. This injured worker presents with chronic left ankle pain and instability. Functional difficulty was documented in ambulation and activities of daily living. There were positive stress x-rays demonstrating almost complete dislocation of the ankle mortise on the lateral view. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.