

<b>Case Number:</b>	CM15-0136525		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/01/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Oregon, Washington  
 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 is a 43 year old female patient who sustained an industrial injury on 11/01/2014. The accident was described as while working as a police officer attempting to break up a fight she stepped awkwardly off of a curb and into the street landing hard onto the left foot twisting. She was evaluated and treated for an ankle sprain/strain. An initial orthopedic examination dated 06/08/2015 reported the patient with subjective complaint of having left foot and ankle pains. Current medications were: ibuprofen, Boostrex, Proair, Azithromycin, and Flexeril. She is noted allergic to Vicodin. The following diagnoses were applied: likely non-union, incomplete fracture left fifth metatarsal and ankle instability secondary to ligament disruptions. There is recommendation to undergo surgical intervention of the ankle ligaments, and bone stimulator placement. She is advised to remain off from full duty work and participate in sedentary modified work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle arthroscopy, repair primary lateral ligament:** 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), Indications for surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, lateral ligament ankle reconstruction.

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case, the exam note from 6/8/2015 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is for non-certification. CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. In this case there is no evidence in the cited records of significant pathology to warrant surgical care. Therefore the determination is for not medically necessary.