

<b>Case Number:</b>	CM15-0137538		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Minnesota, Florida

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 51 year old female with an industrial injury dated 06/05/2013. The injury is documented as occurring when she was walking and her right ankle twisted. Her diagnosis is unstable right ankle. Prior treatment included diagnostics, physical therapy, right ankle surgery and medications. She presents on 06/16/2015 with pain and swelling in the right ankle. Associated symptoms were numbness, cramping and burning sensation. Physical exam noted pain with ankle range of motion. Drawer sign of right ankle was positive. Gait was noted to be abnormal with the injured worker limping off the right extremity due to pain and instability of right ankle. Treatment plan included repair of collateral ligaments of right ankle and medications. The treatment request is for repair of collateral ligaments right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repair of collateral ligaments right ankle: 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), Ankle & Foot, Lateral ligament ankle reconstruction (surgery).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 366, 377. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Lateral ligament ankle reconstruction.

**Decision rationale:** The injured worker has clinical evidence of instability of the ankle and surgical reconstruction is requested. The California MTUS guidelines indicate ligamentous testing can be performed to assess the presence of ankle instability including anterior drawer, talar tilt test, and squeeze test. The guidelines indicate surgical reconstruction of the lateral ankle ligaments for symptomatic patients with ankle laxity demonstrated on physical examination and positive stress films. ODG guidelines indicate the lateral ligament ankle reconstruction after conservative care including physical therapy plus subjective clinical findings of chronic instability of the ankle plus objective clinical findings of positive anterior drawer and imaging medical findings of positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 lateral opening of the ankle joint or demonstrable subtalar movement and negative to minimal arthritic changes on x-ray. The documentation provided does not include the stress films. As such, the medical necessity of the repeat lateral reconstruction (repair of the collateral ligaments of the right ankle) cannot be determined.