

Case Number:	CM15-0138965		
Date Assigned:	07/28/2015	Date of Injury:	01/07/2013
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Montana, Oregon, Idaho
 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 40-year-old female, who sustained an industrial injury on 01-07-2013. On provider visit dated 05-18-2015 the injured worker has reported right ankle pain. On examination of the right ankle was noted to have persistent swelling. The injured worker was noted to ambulate with a CAM walker without significant ankle gapping on range of motion, eversion or inversion stressors and with continuation of significant subluxation and loosening of the ankle joint. Hypersensitivity on the right ankle was noted and continuation of pain to weight bearing was noted. The diagnoses have included sprain-strain of the lateral collateral ligament of the right ankle, instability of the right ankle, peroneal tendonitis, painful gait and possible complex regional pain syndrome. Treatment to date has included medication. The injured worker was noted to be temporary totally disabled. The provider requested stabilization of the right ankle and repair of the lateral ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stabilization of the Right Ankle and Repair of the Lateral Ligaments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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 notes from 5/18/2015 and 7/27/2015 do not demonstrate evidence of stress radiographs or other recent imaging demonstrating objective evidence of lateral ligament disruption, which would benefit from surgery. Therefore, the request for right ankle lateral ligament repair is not medically necessary.