

Case Number:	CM15-0142377		
Date Assigned:	08/03/2015	Date of Injury:	02/19/2015
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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 55 year old male, who sustained an industrial injury on February 19, 2015. The injured worker reported rolling his ankle while running. The injured worker was diagnosed as having joint pain-ankle. Treatment to date has included x-rays and magnetic resonance imaging (MRI). A progress note dated June 26, 2015 provides the injured worker complains of left ankle pain and instability. He reports he rolls his ankle on uneven pavement. Review of magnetic resonance imaging (MRI) reveals no osteochondral defects. There is some thickening of the anterior talofibular ligament (ATFL) region. Surgical intervention was discussed and the injured worker requests to move forward with the surgical procedure. The plan includes Lateral collateral ligament reconstruction; multiple ligaments, extensive left ankle diagnostic arthroscopy and debridement with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral collateral ligament reconstruction; multiple ligaments, extensive left ankle diagnostic arthroscopy, debridement w/regional block under general anesthesia @ [REDACTED]

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), indications for surgery, ankle and foot (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: California MTUS guidelines indicate reconstruction of lateral ankle ligament for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films. In this case although the injured worker has lateral pain, examination reveals 1+ laxity with anterior drawer. Stress films have not been submitted. In the absence of positive stress films, guideline criteria have not been met. As such, the request for reconstruction of the lateral ankle ligaments is not supported and the medical necessity of the request has not been substantiated.

Associated surgical services: Pre-op medical clearance to include; EKG and labs (CBC, electrolyte, UA PT, PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.