

Case Number:	CM15-0142956		
Date Assigned:	08/03/2015	Date of Injury:	12/02/2014
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This is a 44 year old male with a December 2, 2014 date of injury. A progress note dated June 16, 2015 documents objective findings (continuation of swelling and edema to the medial aspect of the right ankle joint; continuation of subluxation of the ankle joint medially; ambulates with full weight bearing status; complete eversion of the right foot with weight bearing; gapping of the medial joint line; significant pain along the medial joint line; pain with range of motion; findings have not improved), and current diagnoses (rupture of the deltoid ligaments of the right ankle; old fracture of the right tibia; degenerative joint disease of the right ankle; right ankle instability; painful gait). A progress note dated March 24, 2015 documents subjective complaints (right ankle pain and instability; no significant improvement). Treatments to date have included medications, injections, ankle bracing, and magnetic resonance imaging of the right ankle (showed findings consistent with severe degenerative changes at the tibiotalar articulation and subcortical cystic changes within the talar dome; medial ankle ligaments are not visualized, suspicious for tibiocalcaneal ligament rupture). The treating physician documented a plan of care that included repair of the deltoid ligament of the right ankle and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of Deltoid Ligament Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Lateral Ligament Ankle Reconstruction.

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.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of ankle ligament reconstruction. ODG does not specifically comment on the topic of medial ankle instability but does comment on lateral ankle instability, and in this case the pertinent points are still valid. 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 MRI report from 1/13/15 demonstrates evidence of stress of severe degenerative changes in the tibiotalar articulation. These findings would be a contraindication to a medial ligamentous reconstruction. In addition there is no documentation of bony alignment of the ankle or whether or not previous tibia fracture is united or malunited. A soft tissue reconstruction procedure in the presence of malalignment would be contraindicated. Therefore the request for deltoid ligament repair is not medically necessary.

Associated surgical service: Assistant Surgeon: 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.