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| Case Number: | CM15-0149778 | | |
| Date Assigned: | 08/13/2015 | Date of Injury: | 05/20/2009 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 08/03/2015 |

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, Indiana, Oregon
 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 was a 40 year old male, who sustained an industrial injury, May 20, 2009. The injured worker previously received the following treatments Cam boot and brace for immobilization, physical therapy sessions, failed prior repair of the anterior talofibular ligament and medications. The injured worker was diagnosed with left ankle peroneal tendinitis with split tear of the peroneus brevis and left ankle chronic sprain with anterolateral impingement with failed prior repair of anterior talofibular ligament. According to progress note of May 27, 2015, the injured worker's chief complaint was left lateral ankle pain. The injured worker reported the left ankle felt loose, unstable and was especially painful on uneven ground. The pops and shots of pain in the lateral left ankle. The physical exam noted the left ankle had a positive anterior drawer. The injured worker had pain with eversion and particularly resisted overversion with tenderness over the peroneal tendon sheath. The injured worker had failed conservative therapy. The treatment plan included assistant surgeon, repair of torn anterior talofibular ligament with modified bostrom reconstruction of the left ankle peroneal tenolysis with repair of torn peroneus brevis tendon arthroscopy for joint evaluation post-operative cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of torn Anterior Talofibular Ligament with modified Bostrom Reconstuction:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot.

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 there is no evidence of stress radiographs having been performed. Therefore the request is not medically necessary.

Left ankle Peroneal Tenolysis with repair of torn peroneus brevis tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of peroneal tendon repair. ODG ankle is referenced. Conservative management is recommended for tendinitis and in some cases for rupture. In patients with a tear and evidence of a prominence causing irritation, surgery can be beneficial. Patients with large tears who fail comprehensive non-surgical treatment can be managed surgically. Early surgery can be considered for acute rupture, anomalous muscle and chronic tears with diminished function. In this case there is no evidence of a prominence or large tear. The request is not medically necessary.

Arthroscopy of joint evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

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 is silent on the issue of ankle avulsion fracture debridement. 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 imaging of significant pathology to warrant surgical care. The request is not medically necessary.

Associates surgical services; 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.

Post operative physical therapy 1 time a week for 8 weeks, left ankle: 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.

Post operative ankle cold therapy unit: 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.