

Case Number:	CM15-0166425		
Date Assigned:	09/04/2015	Date of Injury:	09/11/2013
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 42 year old male who sustained an industrial injury on 9-11-13. The injured worker was diagnosed as having arthropathy of the ankle and foot, ankle and foot pain, and ankle and foot degenerative joint disease. Treatment to date has included physical therapy and medication. Physical examination findings on 7-23-15 included mild ankle swelling and an antalgic gait. Currently, the injured worker complains of left greater than right lateral ankle pain. The treating physician requested authorization for 1 left ankle stabilization modified Brostrom type, which was non-certified by Utilization Review on 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left ankle stabilization modified Brostrom type: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: According to the cited CA MTUS guidelines, ankle stabilization repair procedures are generally reserved for chronic instability. In addition, surgery may be considered for the reconstruction of lateral ankle ligaments in symptomatic injured workers that demonstrate ankle laxity on exam and positive stress films. For this particular injured worker, the primary treating provider notes up through 4-9-15 minimally documented ankle laxity with inversion and anterior drawer maneuvers. However, more recent PR-2s from 7-6-15 and 8-13-15 did not document ankle laxity, and X-rays from 5-7-15 showed no evidence of lateral ankle instability. Therefore, based on the available medical documentation and guidelines cited, the request for left ankle stabilization, modified Brostrom type, is not medically necessary and appropriate.