

Case Number:	CM15-0181009		
Date Assigned:	09/22/2015	Date of Injury:	04/13/2013
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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, Oregon, Washington
 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 49-year-old male, who sustained an industrial injury on 4-13-13. Current diagnoses or physician impression includes chronic anterior tibiofibular ligament injury, chronic deltoid ligament injury and medial malleolar avulsion fracture. He is not currently working. A note dated 6-29-15 reveals the injured worker presented with complaints of pain in between the "tibia and fibula and the medial malleolus" with some numbness on the "medial malleolar side". He reports pain when he bears weight. Physical examinations dated 6-29-15 and 8-10-15 revealed ankle tenderness laterally and over the deltoid ligament and in the anterior syndesmosis ligament. The ankle is stable to inversion stress test and anterior drawer. Treatment to date has included surgery (Brostrom lateral ankle reconstruction and peroneal tendons repair) and medications. A physical therapy note dated 5-21-15 states "continued restriction into dorsiflexion of ankle due to tissue restriction. He is able to progress throughout activities with improved tolerance and slight improvement with ankle mobility after manual treatment." A right ankle MRI reveals chronic injury to the anterior tibiofibular ligament as well as the deep fibers of the deltoid medially and a small medial avulsion fracture", per physician note dated 8-10-15. Right ankle x-rays revealed normal osseous examination, per 6-29-15 physician note. A request for authorization dated 8-17-15 for right ankle syndesmosis and right ankle treatment medial malleolus fracture deltoid ligament reconstruction is denied, per Utilization Review letter dated 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Syndesmosis Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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 Section, Open Reduction and Internal Fixation.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of open reduction and internal fixation. According to the Official Disability Guidelines, open reduction and internal fixation is recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place. In this case, the exam notes from 6/29/15 do not demonstrate a displaced fracture requiring open reduction and internal fixation. Therefore, the request is not medically necessary.

Right Ankle Medial Malleolus Fracture Deltoid Ligament Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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 Section, Open Reduction and Internal Fixation.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the Official Disability Guidelines, 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 note from 6/29/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the request is not medically necessary.