

Case Number:	CM15-0183234		
Date Assigned:	09/24/2015	Date of Injury:	02/19/2015
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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 55-year-old male, who sustained an industrial injury on 2-19-15. Medical record indicated the injured worker is undergoing treatment for left ankle pain and instability. Treatment to date has included surgery and post-surgical physical therapy. (MRI) magnetic resonance imaging performed on 6-5-15 revealed no osteochondral defects or fractures; some thickening is noted in the region of ATFL. X-rays performed on 8-7-15 revealed 3cm increased anterior translation of the talus relative to the tibia with anterior drawer stress testing without acute fractures or dislocations. On 8-7-15, the injured worker complains of continued pain anterolaterally at the ankle with episodes of his ankle buckling and also has lateral based pain as well as anterior based pain at the ankle. Physical exam performed on 8-7-15 revealed pain anterolaterally at the ankle with positive anterior drawer. The treatment plan included a recommendation for a lateral ligament reconstruction. On 8-31-15, utilization review non-certified a request for authorization for a lateral collateral ligament reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral collateral ligament reconstruction surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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, lateral ligament ankle reconstruction.

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, the exam note from 8/7/15 does not demonstrate evidence of stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint. Therefore, the determination is not medically necessary.