

Case Number:	CM15-0185897		
Date Assigned:	09/28/2015	Date of Injury:	02/17/2015
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 47-year-old male, who sustained an industrial injury on 02-17-2015. The injured worker is currently temporarily totally disabled (as of 06-02-2015). Medical records indicated that the injured worker is undergoing treatment for an avulsion fracture of the distal aspect of fibular bone, tear of the collateral ligaments in the right ankle, and neuropraxia involving the common peroneal nerve, superficial peroneal nerve, deep peroneal nerve, and posterior tibial nerve. Treatment and diagnostics to date has included ankle casting, use of CAM (controlled ankle movement) walker boot, and medications. Current medications include Lyrica (prescribed on 06-02-2015). After review of progress notes dated 05-19-2015 and 06-02-2015, the injured worker reported right ankle pain with walking and standing. Objective findings included positive Tinel's signs and decreased sensation over the right leg, foot, and ankle. The request for authorization dated 06-05-2015 requested repair of the collateral ligaments of the right ankle and diastasis of the right ankle. The Utilization Review with a decision date of 08-11-2015 denied the request for arthroscopy of the right ankle with repair of the collateral ligaments on the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the right ankle and repair of the collateral ligaments on the right ankle:
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).

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 6/2/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is not medically necessary.