

Case Number:	CM15-0191925		
Date Assigned:	10/05/2015	Date of Injury:	03/20/2015
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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 is a 44 year old male who sustained an industrial injury on 3-20-15. The injured worker reported right ankle pain. A review of the medical records indicates that the injured worker is undergoing treatments for right ankle pain, right sprain of internal collateral ligament of ankle, right posterior tibialis tendinitis. Medical records dated 8-11-15 indicate pain rated at 7 out of 10. Provider documentation dated 6-2-15 noted the work status as "modified work". Treatment has included wearing a boot, Ibuprofen, ice, elevation, magnetic resonance imaging, and rest. Objective findings dated 8-11-15 were notable for right leg limp, ambulates with the use of a cane. The original utilization review (9-1-15) denied a request for right ankle arthrotomy, right peroneal tendon debridement with graft placement modified Brostrom right ankle, graft jacket and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthrotomy: Upheld

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

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case the imaging does not demonstrate a lesion satisfying the guideline criteria. The request is not medically necessary.

Right peroneal tendon debridement with graft placement modified Brostrom 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), Ankle & Foot, Peroneal tendinitis.

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.

Associated surgical service: Graft jacket: Upheld

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

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op clearance: Upheld

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

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.