

Case Number:	CM15-0193599		
Date Assigned:	10/07/2015	Date of Injury:	11/06/2014
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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 38 year old male who sustained an industrial injury 11-06-14. A review of the medical records reveals the injured worker is undergoing treatment for right ankle strain, right anterior talofibular ligament tear, and right talus osteochondral defect. Medical records (08-25-15) reveal the injured worker complains of persistent pain in the right ankle rated at 6/10. The physical exam (08-25-15) reveals a slight loss of range of motion with palpable tenderness on the medial and lateral portion, decrease strength in resisted dorsiflexion as well as plantar flexion. Prior treatment includes physical therapy, work restrictions, rest, oral and topical medications. The original utilization review (09-16-15) non certified the request for a right ankle arthroscopy and repair of the right ankle ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy with repair of right ankle ligament: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and Foot Diagnostic arthroscopy.

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 8/26/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the request is not medically necessary.