

Case Number:	CM15-0194241		
Date Assigned:	10/08/2015	Date of Injury:	10/29/2012
Decision Date:	12/14/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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: Illinois, California, Texas
 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:

This injured worker is a 39-year-old male who sustained an industrial injury on 10/29/12. Injury occurred when he stepped on a steel plate, causing his left ankle to twist. Conservative treatments had included medication management, physical therapy, left ankle brace, and steroid injection. The 3/31/15 initial orthopedic consultation documented on-going constant left ankle pain and instability with pain while walking over uneven ground. The injured worker had returned to full duty and then fell due to his left ankle giving way. An initial MRI demonstrated an acute tear of the anterior talofibular ligament and a second MRI on 3/5/15 demonstrated an attenuated anterior talofibular ligament with evidence of old trauma. Left ankle exam documented positive anterior instability and tenderness. There was normal range of motion and muscle strength. The diagnosis included left ankle anterior talofibular ligament tear and left ankle pain. Physical therapy proprioceptive training was recommended. The 8/7/15 orthopedic report cited persistent moderate pain over the posterolateral aspect of the left ankle. The injured worker completed another 8 sessions of physical therapy which he stated was helping with his motion and felt he would benefit from additional sessions. Physical exam documented antalgic gait, inability to heel or toe walk, and inability to perform a full squat. Ankle range of motion testing documented 3-5 degrees of dorsiflexion, 4/5 left ankle weakness, and 40 degrees of plantar flexion bilaterally. Subtalar joint range of motion was 15 degrees of inversion and 5 degrees of eversion bilaterally. There was full metatarsal phalangeal joint range of motion. There was mild tenderness to palpation to the posterolateral ankle. There was pain with anterior drawer and laxity to the left ankle. There was a positive Tinel's with percussion of the sural nerve to the left ankle. The diagnosis included left ankle sprain, left nerve lesion,

left sural neuritis, and left ankle tendinosis. The treatment plan included continued ankle brace due to persistent left ankle pain and instability after completion of 8 sessions of physical therapy. Authorization was requested for left ankle lateral collateral ligament reconstruction, debridement, and repair of peroneal tendons and associated surgical requests for a rolling knee walker x 3 months, CAM boot, and post-op physical therapy 2 times per week for 4 weeks. The 9/11/15 utilization review non-certified the left ankle lateral collateral ligament reconstruction, debridement, and repair of peroneal tendons and associated services as there were no imaging studies documenting LCL instability/injury, nor any indication or peroneal tendon pathology. The 9/28/15 orthopedic report cited grade 9/10 left ankle pain. He was using an articulating AFO and ibuprofen. He was not working. Stress views were obtained and showed anterior subluxation of the ankle joint on the lateral view and greater than 15 degrees of talar tilt on the AP view. Appeal of the denied surgery was requested for his painful left ankle with laxity and subluxation. A corticosteroid injection was provide to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle lateral collateral ligament reconstruction, debridement, and repair of peroneal tendons of the left ankle: Overturned

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

MAXIMUS 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: Lateral ligament ankle reconstruction (surgery); Peroneal tendinitis/ tendon rupture (treatment).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines (ODG) provide specific indications for lateral ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective and objective clinical findings showing evidence of instability and positive anterior drawer are required. Imaging findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint. The ODG recommend conservative treatment for peroneal tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. In patients with a large peroneal tendon tear or a bony prominence that is serving as a physical irritant to the tendon, surgery may be beneficial. Guideline criteria have been met. This injured worker presents with persistent left ankle pain and instability precluding return to work full duty. Clinical exam findings are positive for instability. Stress x-rays were positive for motion at the ankle and subtalar tilt. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: rolling knee walker x3 months: 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 & Foot: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines recommend the use of walking aides (cane, crutches, braces, orthoses, and walkers) for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Guideline criteria have not been met. This patient has been certified for left foot surgery. Non-applicability to the use of crutches is not evident. Therefore, this request is not medically necessary.

Associated surgical service: camboot: Overturned

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Activity Alteration, Summary.

Decision rationale: The California MTUS guidelines recommend the use of immobilization for acute swelling and injuries. The short term post-operative use of a CAM walker following ankle surgery is consistent with guidelines to allow for early functional mobility. Therefore, this request is medically necessary.

Post-operative left ankle physical therapy 2 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of ankle sprain suggest a general course of 34 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.