

<b>Case Number:</b>	CM15-0200537		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 36 year old male, who sustained an industrial injury on 9-29-2014. The injured worker is undergoing treatment for: ankle instability and pain. On 6-12-15, an agreed orthopedic medical evaluation indicated his ankle to be unstable. Recommendation was made for referral to an orthopedic foot and ankle specialist indicating he was a candidate for reconstructive surgery of the right ankle. On 8-12-15, he reported right ankle pain, difficulty with balance and walking on uneven surfaces, and hard to run. He rated his pain 6-7 out of 10. Physical examination revealed "pain laterally in the region of the ATFL". There is notation of no pain over the fibular and pain present at the anterior and medial aspects of the ankle, no crepitus, intact sensory, and negative anterior drawer on the left and plus 1 on the right. The treatment and diagnostic testing to date has included: orthotics, medications, magnetic resonance imaging of the right ankle (6-23-15) reported as revealing degenerative changes, Achilles tendinitis, and plantar fasciosis without plantar fasciitis, electrodiagnostic studies (6-23-15), x-rays of the right ankle (8-12-15), QME (8-6-15) reported to have indicted lateral ankle instability, Agreed Orthopedic medical evaluation (7-1-15). Current work status: unclear. The request for authorization is for: one ankle arthroscopy repair of ankle ligaments, one cast, one medical clearance, 24 sessions of post-operative physical therapy, and one pair of crutches. The UR dated 9-28-2015: non-certified the request for one ankle arthroscopy repair of ankle ligaments, one cast, one medical clearance, 24 sessions of post-operative physical therapy, and one pair of crutches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Ankle arthroscopy, repair of ankle ligaments: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Surgery for ankle sprains.

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

**Decision rationale:** Per ACOEM, page 374: Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. 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 patient has had activity limitation for longer than one month with no improvement. Orthotics and medications have not improved his symptoms. Strengthening will be of limited value for an unstable ankle. Finally, he has clinical evidence of ankle instability, and ligament reconstruction will stabilize the joint. The request is medically necessary.

### **Associated surgical service: 1 Cast: Overturned**

**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 (Acute & Chronic), Immobilization.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** ACOEM page 371 supports rigid orthotics. Casting is required following surgical repair to allow the ligaments to heal. If the patient does not wear a cast, he may develop re-rupture of his ligaments. Casting will stabilize the joint as the ligaments heal. The request is medically necessary.

### **Associated surgical service: 1 medical clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward ankle surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. The request is not medically necessary.

**Post-operative physical therapy, 24 sessions:** Overturned

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

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

**Decision rationale:** Ankle Sprain (ICD9 845.0): Postsurgical treatment: 34 visits over 16 weeks \*postsurgical physical medicine treatment period: 6 months. MTUS allows for up to 34 sessions following ligament repair. The request for 24 sessions is consistent with the guidelines. The request is medically necessary.

**Associated surgical service: 1 pair of crutches:** Overturned

**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 (Acute & Chronic), Walking Aids (canes, crutches, braces, orthoses & walkers).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** ACOEM page 376 supports weight bearing as tolerated. The patient will be casted following surgery and will not be able to bear weight. Therefore, crutches are required.