

Case Number:	CM15-0208536		
Date Assigned:	10/27/2015	Date of Injury:	08/26/2014
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: Minnesota, Florida

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 53 year old female, who sustained an industrial injury on 8-26-14. The injured worker is diagnosed with an anterior talo-fibular ligament tear, an anterior syndesmotoc ligament tear, swelling to the right ankle, Achilles tendon tendinosis, ankle instability and painful gait. Her work status is modified duty; however, she is not currently working per note dated 8- 13-15. A note dated 8-13-15 reveals the injured worker presented with complaints of right ankle pain described as burning, throbbing and swelling. Her pain is relieved by rest, ice packs and medication and increased with prolonged walking and standing and driving. A physical examination dated 8-13-15 revealed right lower extremity swelling and right ankle joint pain. She experiences pain with toe waking and standing, squatting, crouching and single gel weight bearing. The Talar tilt sign is positive and extremely painful, there is pain with palpation and withdrawal reflex is noted. There is severe ankle joint instability and the ankle flexes in an inversion manner when standing causing severe pain. Treatment to date has included lace up ankle brace, medication reduces her pain from 5-6 out of 10 to 3 out of 10 for 8 hours per note dated 4-21-15 and physical therapy. Diagnostic studies include right ankle x-rays and MRI. A request for authorization dated 10-13-15 for right ankle stabilization surgery with repair of anterior syndesmotoc ligament is denied, per Utilization Review letter dated 10-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle stabilization surgery with repair of anterior syndesmotoc ligament: 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); <http://www.odg-twc.com>.

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

Decision rationale: The injured worker is a 53-year-old female with a date of injury of August 6, 2014. She fell twisting her right ankle and landing on the right knee. MRI of the right ankle dated December 11, 2014 revealed the ankle joint and subtalar joint normal. Thickening of the distal Achilles tendon was noted consistent with tendinitis. Subacute tears of anterior syndesmotoc ligament and anterior talofibular ligament with the anterior talofibular ligament and calcaneofibular ligaments being intact. An examination of August 13, 2015 documented continuing pain. Anterior drawer and talar tilt were positive and painful. Although instability was documented on exam, no stress films were obtained. Stabilization surgery for repair of anterior syndesmotoc ligament was requested. California MTUS guidelines indicate surgical considerations for clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Ligament reconstruction necessitates documentation of instability with positive stress films. In this case, stress films have not been obtained. As such, the request for anterior syndesmotoc ligament reconstruction is not supported and the request not medically necessary.