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| Case Number: | CM15-0208810 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 04/17/2015 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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 36-year-old female who sustained an industrial injury on 4/17/15. Injury occurred when she was walking and stepped on an uneven portion of ground with the left foot, stumbled and the foot everted. She reported onset of pain and swelling. The 4/17/15 left ankle x-rays showed lateral malleolar soft tissue swelling indicative of ligamentous injury. Conservative treatment included Cam walker, multi-ligament ankle braces, anti-inflammatory medications, and physical therapy. The 7/2/15 left ankle MRI impression documented high-grade partial anterior talofibular ligament tear, moderate grade partial calcaneofibular ligament tear, and deltoid ligament sprain. There was mild distal posterior tibialis tendinosis and tenosynovitis and peroneus brevis and peroneus longus tenosynovitis. There was moderate sized joint effusion, and lateral malleolar soft tissue swelling. The 9/24/15 initial podiatry report cited continued left foot pain. Lower extremity exam documented 45 degrees of left ankle inversion, 4/5 left eversion weakness, and positive anterior drawer sign. The diagnosis was left ankle instability with torn ligaments. The injured worker had failed all conservative treatments. Authorization was requested for anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) ligament repair, left ankle and post op boot, left ankle. The 10/12/15 utilization review non-certified the left ankle anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) ligament repair and post-operative boot as there was no documentation of ankle instability via radiographic stress testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) ligament repair, left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

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: Surgery for ankle sprains.

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. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines 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. Guideline criteria have been essentially met. This injured worker presents with continued left foot pain and functional limitations. Clinical exam findings are consistent with instability and imaging findings of high-grade partial ligament tears. 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.

Post op boot, left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Knee & leg.

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

Decision rationale: The California MTUS guidelines support the use of bracing to avoid exacerbations or for prevention. The use of a post-operative boot is generally supported by guidelines to allow for early return to functional activity. Therefore, this request is medically necessary.