

Case Number:	CM15-0022123		
Date Assigned:	02/11/2015	Date of Injury:	09/05/2014
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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 48 year old male who sustained an industrial injury to his right ankle as a firefighter on September 5, 2014. The injured worker was diagnosed with right ankle strain/sprain. A magnetic resonance imaging (MRI) performed on November 14, 2014 noted degenerative changes in the ankle mortise, tibia and talus as well as a small joint effusion. There was evidence of inflammation and strain of the plantar fascia. No focal tendon tear was defined. No prior surgical interventions were documented. According to the primary treating physician's progress report on December 16, 2014 physical findings and symptoms were unchanged. Current medications and treatments consist of Ibuprofen and ankle brace. The treating physician requested authorization for Surgery-Right Ankle Ligament Reconstruction Quantity 1.00. On January 15, 2015 the Utilization Review denied certification for Surgery-Right Ankle Ligament Reconstruction Quantity 1.00. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Denied: Treatment: 27695, Surgery-Right Ankle Ligement Reconstruction Quantity Requested:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment, Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Ankle and Foot, Topic: Lateral ankle reconstruction

Decision rationale: California MTUS guidelines indicate surgical considerations for reconstruction of the lateral ankle ligaments for symptomatic patients with ankle laxity demonstrated on physical examination and positive stress films. ODG criteria for lateral ligament ankle reconstruction include 1. Conservative care: Physical therapy (immobilization with support cast or ankle brace and rehabilitation program) PLUS 2. Subjective clinical findings: Complaint of swelling PLUS objective clinical findings: Positive anterior drawer PLUS imaging clinical findings of positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic changes on x-ray. The documentation submitted does not indicate physical examination findings of instability such as anterior drawer. There is no Radiology report with demonstrable radiographic evidence of instability such as a positive stress x-ray showing 15 or more of lateral opening. As such, the request for lateral ankle ligament reconstruction is not supported and the medical necessity of the request is not substantiated.