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| <b>Case Number:</b>   | CM15-0027664 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 10/25/2011 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 02/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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: California

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 35 year old female, who sustained an industrial injury on 10/25/2011, resulting in right ankle fracture and ligament tear. The diagnoses have included unspecified fracture of ankle, closed, ankle sprain/strain, and lumbar strain/sprain. Treatment to date has included surgical (right ankle surgery 6/25/2012) and conservative measures. Exam note 1/15/15 demonstrates injured worker complains of continued right ankle pain, rated 9/10, instability, and swelling. She stopped physiotherapy three months prior due to lack of improvement in symptoms and had difficulty wearing heels. Lumbosacral and right ankle range of motion was decreased. Magnetic resonance imaging of the right ankle (10/16/2013) was documented as showing post-surgical changes in the region of anterior and inferior to the lateral malleolus. No medication use was documented. On 2/03/2015, Utilization Review non-certified a request for Achilles tendon reconstruction surgery for right ankle, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Archillies Tendon Reconstruction Surgery for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, 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 guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 1/15/15 of significant Achilles pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore the guideline criteria have not been met and determination is for non-certification.