

Case Number:	CM15-0028960		
Date Assigned:	02/20/2015	Date of Injury:	07/16/2012
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 an overweight 56-year-old female with a history of work related injury in the year 2012. She injured her right knee when she missed a step while walking on uneven concrete. MRI of the lumbar spine dated 9/30/2013 revealed 5-6 mm posterior broad disc protrusion excentric to the right with a spur, Modic type I and type II endplate changes, bilateral moderate to severe foraminal stenosis related to disc spur complex and facet hypertrophy, right more advanced than left, probably indenting both L5 exiting nerve roots at L5-S1. There was also evidence of bilateral moderate foraminal stenosis indenting both L4 exiting nerve roots. MRI of the right ankle without contrast dated 9/30/2013 revealed a sprain of the deltoid ligament complex without evidence for high-grade partial tear or rupture, anterior talofibular ligament sprain, mild Achilles tendinopathy and associated mild distal soleus muscle strain. She underwent a right knee replacement in March 2013 and her postoperative rehabilitation was difficult. Per orthopedic note of December 30, 2014 she also underwent a transforaminal lumbar discectomy and interbody fusion at L5-S1. After surgery she continued to experience a dull ache and numbness down the outside of both legs sometimes into the toes. The left side was said to be worse. She also reported weakness in her ankles and some difficulty walking. Electro-diagnostic studies dated 11/7/2014 revealed chronic left S1 radiculopathy.

There was also isolated evidence of right L4-L5 radiculopathy. A request was made for lumbar epidural steroid injection at L5-S1. A podiatry note of December 23, 2014 documents follow-up of ankle injury. She was complaining of severe pain with ambulation and noted that the ankle-foot orthosis and braces in the past were not helpful. She had also tried physical therapy and injections and reported that they were not helpful. Examination revealed tenderness to palpation over the anterior talofibular ligament of the right ankle. There was also some swelling noted. She was diagnosed with anterior talofibular ligament sprain. Magnetic Resonance Imaging (MRI) revealed a sprain of the deltoid ligament with no evidence of a tear or rupture. There was also an anterior talofibular sprain but no tear was noted. Treatment included medications, anti-inflammatory drugs, physical therapy and bracing. Currently in December, 2014, the injured worker complained of persistent pain and swelling on ambulation and activity. On January 22, 2015, a request for one pair of orthopedic shoes between January 16, 2015 and March 2, 2015, and a request for one anterior talofibular ligament repair of the right ankle between January 16, 2015 and March 2, 2015 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of orthopedic shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-3. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Ankle and Foot; Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Ankle and foot, Topic: Orthotics.

Decision rationale: With regard to the orthopedic shoes, the request pertains to symptoms of chronic pain, weakness, tenderness and feeling of instability without actual demonstration of the same on objective testing or imaging studies. California MTUS guidelines, table 14-3, page 370 for an ankle sprain indicate cold and elevation of the foot initially, splint or immobilization in severe cases, and gradual early resumption of weight bearing as tolerated. The documentation indicates that she has tried ankle braces and supports as well as physical therapy without success. There is also evidence of radiculopathy on electrodiagnostic studies. ODG guidelines indicate for ankle sprains lace up ankle support appears effective in reducing swelling in the short-term compared with semirigid ankle support, elastic bandage and tape. The documentation provided does not support the request for orthopedic shoes. As such, the medical necessity of the request is not established.

Anterior Talofibular ligament repair of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Ankle and Foot;

Surgery for ankle Sprains.

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 ligament ankle reconstruction.

Decision rationale: California MTUS guidelines indicate surgical considerations for reconstruction of the lateral ankle ligament for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films. The examination does not document evidence of anterior drawer sign. There is no evidence of a tear of the anterior talofibular ligament on the MRI scan. Stress films demonstrating instability with 15 opening as recommended by MTUS and ODG guidelines have not been submitted. As such, the request for lateral reconstruction of the right ankle is not supported and the medical necessity of the request has not been substantiated.