

<b>Case Number:</b>	CM15-0210941		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 50-year-old female, with a reported date of injury of 01-13-2014. The diagnoses include left ankle pain secondary to torn ligaments of the lateral ankle, left ankle sprain with impingement, and synovitis and peroneal tendinopathy. The medical report dated 07-22-2015 indicates that the primary concern was at the lateral hind foot and ankle relative to the lateral ligaments, gutter, and radiating anterior ankle joint, including the peroneal tendon and tubercle. It was noted that the injured worker's symptoms were rated 3-7 out of 10. The objective findings of the left foot and ankle include symptoms along the peroneal tubercle, tendon, and anterior-talus fibular gutter and ligament; distal arch fascia symptoms; negative stress testing; trace swelling; minimally antalgic gait; no crepitus or subluxation; and no spasm or cramping. It was noted that an MRI of the left ankle and foot on 04-21-2014 showed thickening and increased fluid in the anterior talofibular ligament, and peroneus longus tendinosis at the prominent peroneal tubercle; and x-rays of the left ankle and foot on 07-22-2015 showed enlarged peroneal tubercle with os peroneum. It was noted that the injured worker had chronic recalcitrant symptoms from a sprain and impingement (anterior talus-fibular ligament), and os peroneum, and enlarged peroneal tubercle (tendon tearing with tendinosis). The injured worker's work status was noted that she was off from work since 10-2014. The diagnostic studies to date have included a urine drug screen on 05-19-2015 with negative findings. Treatments and evaluation to date have included Tylenol, Topamax, Advil, Lyrica and physical therapy. The request for authorization was dated 09-10-2015. The treating physician

requested left ankle surgery Brostrom repair. On 10-20-2015, Utilization Review (UR) non- certified the request for left ankle surgery Brostrom repair.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Ankle Surgery Brostrom Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Online Version, Lateral Ligament Reconstruction.

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

**Decision rationale:** 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. With regard to a Brostrom repair, the guidelines in table 14-6 on page 377 indicate that reconstruction should be reserved for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films. In this case, the physical examination did not demonstrate instability. Stress films demonstrating instability with need for surgery have not been submitted. As such, the request for a Brostrom procedure is not medically necessary.