MAXIMUS Federal Services

Case Number:	CM15-0215318		
Date Assigned:	11/05/2015	Date of Injury:	01/02/2014
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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 48-year-old male who sustained an industrial injury on 1/2/14. Injury occurred when he slipped on ice and landed on his left ankle/foot and felt a snap. X-rays were obtained. He was diagnosed with a fracture and placed in a cast. He underwent left ankle syndesmosis repair with tightrope anchor and lateral ligament reconstruction with modified Brostrom procedure on 3/20/14. The 1/7/15 left ankle x-ray impression documentation was as normal left ankle mortise with tightrope anchor in place. The 4/28/15 left lower extremity EMG/NCV study was documented as normal. The 9/14/15 physical therapy progress report cited continued functional limitations precluding return to work. He reported that he had fallen 4 times in his home due to his left leg giving out. He reported continued grade 9/10 left ankle pain with walking. Active range of motion was moderately limited in dorsiflexion, plantar flexion, and inversion. There was global 5-/5 weakness. He had significant pain with passive range of motion and strength testing. He was making very slow progress and had chronic ankle pain. He had been instructed in a home exercise program. The 9/21/15 treating physician report cited left heel pain and some lateral ankle tenderness. He had fallen 3 times in the past year. Left ankle exam documented some tenderness along the lateral ankle in the area of the scar, which may be a knot. He had mild swelling along the areas and negative anterior talar joint test. He also had tenderness along the healed medial calcaneal tuberosity. The diagnosis was status post left ankle modified Brostrom procedure, and left heel plantar fasciitis. The treatment plan documented a corticosteroid injection to the left heel and continued Naprosyn and Tramadol. The injured worker had lateral tenderness and his ankle was stable. He had a knot that was symptomatic and

surgical exploration and excision would be beneficial. Authorization was requested for exploration left lateral ankle with debridement, excision of scar tissue, outpatient surgery. The 10/21/15 utilization review non-certified the request for outpatient exploration left lateral ankle with debridement, excision of scar tissue as there was no instability, limited evidence of conservative treatment failure, no documented keloid or depressed scar, and no clear clinical and or radiographic evidence of a condition that would improve with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration left lateral ankle with debridement, excision of scar tissue, outpatient surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

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. Guideline criteria have not been met. This injured worker presents with persistent left ankle pain and swelling. Functional limitations have precluded return to work. There are continued range of motion and strength deficits but no instability documented on the clinical exam. There is tenderness and a knot documented on the physical exam. However, there is no documentation of post-operative imaging to support the medical necessity of this request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the reported scar tissue and failure has not been submitted. Therefore, this request is medically necessary at this time.