

Case Number:	CM15-0218273		
Date Assigned:	11/10/2015	Date of Injury:	01/21/2014
Decision Date:	12/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 31-year-old female who sustained an industrial injury on 1/21/14. Injury occurred when she was walking between buildings and stepped onto uneven concrete, rolling her left ankle. She fell and landed on both knees. Past medical history was positive for Type 2 diabetes. Records documented that the 9/25/14 left ankle MRI showed tenosynovitis of the flexor hallucis longus and small effusion of the tibiotalar joint. Ankle stress x-rays on 11/20/14 showed substantial left ankle lateral tilting of the talus in the ankle mortise which opened up to 8 mm on the lateral side of the tibiotalar joint, indicative of significant lateral instability. Conservative treatment had included medications, physical therapy, acupuncture, chiropractic therapy, cane use, ankle bracing, and Unna boot. The 8/24/15 treating physician report cited significant left ankle joint pain. She was using an ankle brace, which was broken, and a cane. She had continued difficulty with ambulation. Physical exam documented continued severe left leg swelling and edema in the left leg. Lower extremity sensation and reflexes were intact, and motor strength was 5/5. There were positive anterior drawer and talar tilt signs. She had difficulty with functional weight bearing status, and was unable to perform single limb weight bearing without difficulty. She was unable to ambulate without the use of a cane and bracing. There was significant instability in the ankle joint. Range of motion was restricted due to pain. She had subtalar joint dysfunction and subtalar joint opening/gapping with significant increasing pain in the medial aspect of the ankle at the deltoid ligament due to instability of the left ankle joint. The diagnosis was instability of the left ankle to the lateral ligament and painful gait. A new brace was requested as the current one was broken. Authorization was requested for secondary repair of the disrupted ligament left ankle with associated surgical services including ankle brace and 18 visits of post-op physical therapy. The 10/5/15 utilization review non-certified the left ankle ligament repair and associated surgical requests as objective response to conservative treatment was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair, secondary, disrupted ligament, left ankle: Overturned

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 (ODG), Ankle and Foot, Lateral ligament ankle reconstruction (surgery).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Lateral ligament ankle reconstruction (surgery).

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. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines provide specific indications for lateral ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective and objective clinical findings showing evidence of instability and positive anterior drawer are required. Imaging findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint. Guideline criteria have been met. This injured worker presents with persistent left ankle pain, swelling, and dysfunction. There was significant functional difficulty in ambulation. Clinical exam findings were consistent with radiographic evidence of significant lateral instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Ankle brace, left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary, Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot: Bracing (immobilization).

Decision rationale: The California MTUS guidelines support the use of bracing to avoid exacerbations or for prevention. The Official Disability Guidelines recommended ankle bracing for patients with a clearly unstable joint for 4 to 6 weeks with active and/or passive therapy to achieve optimal function. It is recommended to use a brace or a tape to prevent a relapse after ankle sprain. The post-operative use of an ankle brace is consistent with guidelines. Therefore, this request is medically necessary.

Associated surgical services: Post-op physical therapy, 3 times weekly for 6 weeks, left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of ankle sprain suggest a general course of 34 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This is the initial request for post-operative physical therapy and, although it slightly exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.