

Case Number:	CM15-0035347		
Date Assigned:	03/03/2015	Date of Injury:	11/06/2013
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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 54 year old male, who sustained an industrial injury on 11/6/2013. The current diagnosis is left ankle instability, peroneal pathology, and sprain of calcaneofibular ligament. Exam note 2/4/15 demonstrates support from orthotics. Pain was noted deeper than the area overlying the fibular fracture. The injured worker complains of left lateral ankle pain. The physical examination of the left ankle reveals pain along the peroneal tendons as well as the anterior talofibular and the lateral ligament region. There is minimal pain to palpation over the fifth metatarsal area. Treatment to date has included rest and immobilization. The treating physician is requesting repair of anterior talofibular and calcaneofibular ligament with semitendinosus graft, which is now under review. On 2/24/2015, Utilization Review had non-certified a request for repair of anterior talofibular and calcaneofibular ligament with semitendinosus graft. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of Anterior Talofibular and Calcaneofibular ligament with Semi tendinosus graft:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle section, Lateral ligament ankle reconstruction.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case, the exam note from 2/4/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is for non-certification.