

<b>Case Number:</b>	CM15-0036317		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

This 28-year-old woman sustained an industrial injury on 8/21/2014. The mechanism of injury is not detailed. Treatment has included oral medications and bracing. Physician notes on a PR-2 dated 1/6/2015 show complaints of continued pain to the right foot and ankle. The worker is only taking Ibuprofen and has been hesitant to utilize more than conservative measures. The worker has refused injections, consistent use of the brace, and stronger medications. Recommendations were made for the surgical procedure in dispute. On 1/29/2015, Utilization Review evaluated prescriptions for cold therapy unit purchase, eight sessions of post-operative physical therapy, pre-operative clearance, and right ankle repair, secondary, disrupted ligament, collateral modified brostrom procedure, that were submitted on 2/4/2015. The UR physician noted there is no evidence of a positive anterior drawer test or radiological findings consistent with guideline recommendations. Therefore, the surgery is not recommended. Since the surgical procedure itself is not recommended, the associated services are not. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle repair, secondary, disrupted ligament, collateral modified brostrom procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 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 1/6/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is for non-certification.

**Post-operative physical therapy, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cold Therapy unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.