

<b>Case Number:</b>	CM15-0039522		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 52 year old male, who sustained an industrial injury on 8/11/2013. Currently he reported headaches, back pain, and bilateral ankle pain, left > right. The injured worker was diagnosed with, and/or impressions were noted to include, lumbago; lumbar radiculopathy secondary to PARS defects, and with disc herniations; sciatica; myelopathy; and right ankle sprain. Treatments to date have included consultations, diagnostic magnetic resonance imaging study - lumbosacral spine 10/2013); lumbar spine injection therapy; ineffective epidural steroid injections x 2; physical therapy; and medication management. Current consultation notes, dated 2/17/2015, noted severe radiating back pain and bilateral knee pain, and recommended electromyogram and nerve conduction studies of the bilateral lower extremities to rule out lumbar instability. He was noted to have been returned to restricted, office work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal brace lateral ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Section.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of ankle bracing. According to the ODG, Ankle and Foot section, Bracing, it is not recommended in the absence of a clearly unstable joint. It states that functional treatment appears to be a favorable strategy for treating acute ankle sprains when compared with immobilization. As the exam note from 02/17/15 does not demonstrate instability, the determination is not medically necessary.

**Right ankle arthroscopy w/ synovectomy modified brostrom:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot 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 2/17/15 does not demonstrate evidence of stress radiographs being performed. Therefore the determination is not medically necessary.