

<b>Case Number:</b>	CM15-0045625		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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:

The injured worker is a 47-year-old female who sustained an industrial injury on 07/29/09. Injury occurred when her foot got caught stepping over a package, and she fell, landing on the right side of her body. The 8/26/14 initial treating physician report documented a twisting injury to the ankle. Prior treatment had included bracing, injection, and a wrap, heat, and elevation for relief. She reported sharp, achy and burning pain with swelling, tenderness, giving way, locking, and radiation. She was limited in running and playing. Physical exam documented pain over the anterior talofibular ligament and lateral ankle. The peroneal tendons appeared stable, anterior drawer was negative, and she appeared to have stability with varus stress testing. There was 5/5 dorsiflexion, plantar flexion, inversion and eversion strength. She had difficulty with single leg balance and single heel raise. The impression was ankle sprain with persistent pain. The treatment plan recommended an MRI of the ankle to evaluate current status. The 10/20/14 right ankle MRI impression documented focal subcutaneous edema over the anterolateral aspect of the lateral malleolus possibly representing a focal subcutaneous contusion. There was no convincing evidence of an underlying osseous injury and no evidence of a ligament tear. The tendons were also unremarkable. The 2/04/15 treating physician report indicated that the patient was using a lace-up ankle brace. She reported pain when there was cold weather and swelling. Physical exam documented pain laterally. The treatment plan requested right ankle arthroscopy with reconstruction of the lateral collateral ligaments based on pain and instability. She was given a prescription for naproxen. The 2/27/15 utilization review non-certified the request for right ankle

arthroscopy and debridement with lateral ligament reconstruction as there was no documentation of instability or imaging evidence of a ligament tear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic arthroscopy and debridement, lateral ligament reconstruction of the right ankle: 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, Lateral ligament ankle reconstruction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. 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. 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 not been met. This patient presents with persistent right ankle pain and swelling. Imaging documented a possible subcutaneous contusion with no evidence of ligamentous, osseous, or tendinous injury. There are no clinical exam findings suggestive of instability and anterior drawer was documented as negative. There is no documentation of positive stress x-rays identifying motion at the ankle or subtalar joint. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy, and failure has not been submitted. Therefore, this request is not medically necessary.