MAXIMUS Federal Services

Case Number:	CM15-0045962		
Date Assigned:	03/18/2015	Date of Injury:	09/19/2013
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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: Minnesota, Florida
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 28 year old male, who sustained an industrial injury on 9/19/2013. He reported inverting his left ankle. The injured worker was diagnosed as status post left ankle arthroscopic debridement and repair of left lateral collateral ligament (5/2014), recurrent ankle instability, implant complication, complex regional pain syndrome and osteo chondritis of the talus. Treatment to date has included left lumbar nerve block, surgery, bracing, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/27/2015 indicates the injured worker reported pain, spasms swelling of the left ankle. UR noncertified a request for revision left lateral ankle ligament repair as PT notes had not been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision repair left lateral ankle ligament: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd edition (2004) pp 374-375, Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, ankle and foot chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Lateral ligament ankle reconstruction.

Decision rationale: ODG indications for surgery for lateral ligament ankle reconstruction are fairly specific. Physical therapy, immobilization with support cast or ankle brace and rehabilitation program needs to be documented. The physical therapy notes are dated 6/18/2014 and document PT for 12 weeks from that date. The injured worker rolled his ankle in August. Therefore the PT had not been completed at that time and the requirement for PT has been met.. The injured worker has subjective clinical findings of chronic instability and objective clinical findings of positive anterior drawer. Although the imaging clinical findings of 15‚ lateral opening at the ankle joint with inversion stress or demonstrable subtalar movement have not been documented, the demonstrable anterior drawer stress testing of 7mm constitutes sufficient evidence of instability. The injured worker also has painful fiberwire sutures that need to be removed. The UR denial was based upon absence of PT notes, which have now been provided. Therefore, the guidelines criteria for surgery have been met. As such, the medical necessity of the request for lateral ligament revision reconstruction has been substantiated, and is medically necessary.