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| <b>Case Number:</b>   | CM15-0052378 |                              |            |
| <b>Date Assigned:</b> | 03/25/2015   | <b>Date of Injury:</b>       | 08/30/2014 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 03/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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 34-year-old male with a history of inversion injury to the left ankle on 8/30/2014 while stepping down onto grass from a single step. He was evaluated in the emergency room with x-rays, negative for fractures and treated with ibuprofen and crutches nonweightbearing for 10 days. Subsequently he used a Scott ankle brace for 4 months and has used Mobic and physical therapy but did not have any steroid injections. The symptoms have been unchanged and include pain on the lateral aspect of the ankle with aching and burning sensation and feeling of instability and weakness of the ankle. The ankle MRI was obtained on 12/4/2014 and did not show any other injuries. In particular, the articular surface was intact. The calcaneofibular ligament was attenuated. There is no history of prior ankle sprains. A request for lateral reconstruction of the left ankle was noncertified by utilization review as the MRI scan did not show obvious tears in the ligaments. The articular surfaces were intact and there were no osteochondral fractures. The provider has responded to the UR decision with an explanation. The injured worker clearly has chronic instability and has exhausted all conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lefet ankle ligament reconstruction:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Lateral ligament ankle reconstruction.

**Decision rationale:** California MTUS guidelines indicate reconstruction of lateral ankle ligaments for symptomatic patients with ankle laxity demonstrated on physical exam AND positive stress films. We do have evidence of laxity on physical exam per provider's notes with documentation of 3-4+/4 talar tilt and 2+/4 anterior drawer on examination; however, stress films have not been obtained. The MRI scan has revealed attenuation of the calcaneofibular ligament. The injured worker has been symptomatic for 8 months and has symptoms of instability as well as pain on the lateral aspect of the ankle which comes about after standing or walking for more than 30-60 minutes. He has used a Scott ankle brace regularly for 4 months. He has used Mobic for pain. He has had physical therapy without improvement. ODG indications for lateral ligament ankle reconstruction include conservative care with physical therapy (immobilization with support cast or ankle brace and rehabilitation program) plus subjective clinical findings of chronic instability, swelling and description of an inversion and/or hyperextension injury, plus objective clinical findings of positive anterior drawer plus imaging clinical findings of positive stress x-rays identifying motion at ankle or subtalar joint. At least 15; lateral opening of the ankle joint or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray. In this case the MRI scan did not show any evidence of a torn ligament, however attenuation of the calcaneofibular ligament was noted and based upon the degree of instability on clinical exam, the anterior talofibular ligament is likely attenuated. The injured worker is clearly symptomatic and not improving with conservative treatment. All conservative measures have been exhausted. As such, the requested lateral reconstruction of the left ankle is appropriate and medically necessary.