

Case Number:	CM15-0083049		
Date Assigned:	05/05/2015	Date of Injury:	07/26/2013
Decision Date:	06/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon
 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 45 year old female, who sustained an industrial injury on 07/26/2013. She has reported injury to the right foot and ankle. The diagnoses have included right inversion ankle sprain; osteoarthritis medial and lateral gutters right ankle; peroneus brevis longitudinal split right ankle; and right anterior inferior talofibular ligament tear. Treatment to date has included medications, diagnostics, bracing, home exercises, and physical therapy. Medications have included Tramadol and Flexeril. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent pain and discomfort upon ambulation associated with lateral aspect of the right ankle and right medial longitudinal arch; utilizing elastic stocking on a daily basis; performing home stretching exercises; completed 24 sessions of physical therapy; utilizes custom-made functional ankle-foot brace on a daily basis; and is not able to ambulate without a cane. Objective findings included moderate pain upon palpation of the anterior inferior talofibular ligament; moderate pain upon inversion and eversion of the right ankle; decreased range of motion; and weakness and instability of the right foot and ankle. The treatment plan has included right ankle Brostrum Gould procedure, repair of the right peroneus bravis longitudinal tendon split, and aggressive right ankle arthroscopy. Request is being made for surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is ankle arthroscopy with lateral ligament reconstruction and tendon repair. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant.