

Case Number:	CM15-0084477		
Date Assigned:	05/06/2015	Date of Injury:	04/27/2014
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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 34 year old male, who sustained an industrial injury on 4/27/14. He reported initial complaints of a fall injury. The injured worker was diagnosed as having other joint derangement NEC ankle/foot; pain in limb. Treatment to date has included physical therapy; CAM boot; ankle brace; modified shoe gear; medication. Diagnostics included right ankle x-rays; MRI right ankle. Currently, the PR-2 notes dated 3/17/15 indicated the injured worker complains of right ankle sharp pain and weakness with weight bearing activities. He states he sustained an inversion ankle injury after slipping on a piece of broken glass while at work. Diagnostic testing performed include right ankle x-rays which were negative for fracture, a right ankle MRI that showed ATFL and CFL edema and was negative for osteochondral lesions of the talar dome, negative for fracture, tenosynovitis of the peroneals. The injured worker has been managed with a CAM boot and ligamentous support ankle brace, modification of shoe gear, NSAIDS, Opiates and modified work duty without resolve. He was evaluated by an orthopedic surgeon who diagnosed him with a right superficial peroneal neuritis and contusion to the posterolateral aspect of the talar dome. He was treated with Lyrica for pain and recommended Voltaren gel. The injured worker still has pain with prolonged period of walking and feels weak in the right ankle. A physical examination was documented and the provider notes right ankle instability and pain. His treatment plan concludes in lieu of 11 months of failed conservative therapies and manifestation of right ankle instability, recommended surgical management and is requesting a Modified Brostrom Gould Procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified Brostrom Gould Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

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

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 3/17/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is not medically necessary.