

Case Number:	CM15-0087085		
Date Assigned:	05/11/2015	Date of Injury:	01/26/2012
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 48 year old female, who sustained an industrial injury on 1/26/2012. She reported stepping off a curb and twisting the right ankle/foot. She was initially treated with an air case, ankle wrap, physical therapy and home exercise. Diagnoses include ankle sprain and foot strain/sprain. Treatments to date include activity modification, medication therapy, physical therapy, ankle support brace, and psychotherapy. Currently, she complained of ongoing right ankle pain rated 4/10 VAS at rest and 7/10 VAS with weight bearing activity. On 2/4/15, the physical examination documented two plus (2+) anterior drawer in the right ankle compared to the left ankle with moderate tenderness across lateral aspect and lateral gutter. The concern documented was for a peroneal tendon rupture and an MRI of the ankle was pending. The medical records included MRI of the ankle obtained on 3/10/15 that revealed thickening/scarring of the anterior talofibular ligament, and a grade I sprain/scarring involving the posterior fibers of the deep layer of the deltoid ligament. The appeal request is for a talofibular ligament repair of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of talofibular ligament of the right ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Lateral ligament ankle reconstruction (surgery).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Ankle Reconstruction.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ankle ligament reconstruction. The clinical documents state that the patient currently meets the guidelines recommend for reconstruction. According to the clinical documentation provided and current guidelines; ankle ligament reconstruction is medically necessary to the patient at this time.