

Case Number:	CM14-0116844		
Date Assigned:	08/04/2014	Date of Injury:	08/11/2011
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Orthopedic Surgeon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old female who reported an injury on 08/11/2011. The mechanism of injury was the injured worker fell from a ladder while at work. The prior therapies were not provided. The surgical history was noncontributory. The injured worker's medications were stated to be none. The injured worker had a MRI of the right ankle on 02/26/2014 which revealed a superior thickening of the talonavicular joint capsule, superior osteophytes off the distal talus and proximal navicular bones and talonavicular joint distension, having contained fibrotic and cystic changes, reflecting chronic and/or repetitive injury. There was a small ganglion cyst seen adjacent to the superior medial aspect of the navicular/medial cuneiform joint space. The injured worker underwent x-rays that were within normal limits. The documentation of 05/20/2014 revealed the injured worker had x-rays of the ankle showing there was a prominent OS trigonum behind the posterior talus. There was somewhat flat footed appearance with limited arch. The documentation indicated the injured worker would need to be seen by a foot surgical specialist for surgical consultation. There was no Request for Authorization or documented rationale for the surgical intervention. There was no physician documentation from the surgeon who requested the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft Tissues Reconstruction (EVANS Procedure) to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Surgical Considerations,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement, a failure of an exercise program to increase range of motion and strength of musculature around the ankle, and clear clinical, imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the physician opined the injured worker would need a consultation with a surgeon. However, there was a lack of documentation indicating a failure of conservative care. There was documentation upon MRI and x-ray to support the necessity for a surgical consultation. There was a lack of documentation of objective findings to support clear clinical evidence. There was no physician documentation from the surgeon requesting the procedure. Given the above, the request for Soft Tissues Reconstruction (EVANS Procedure) to the right ankle is not medically necessary.