

Case Number:	CM14-0137794		
Date Assigned:	09/05/2014	Date of Injury:	02/11/2014
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 19 year old employee with date of injury of 2/11/2014. Medical records indicate the patient is undergoing treatment for joint derangement nec-ankle. Subjective complaints include ankle pain. Objective findings include: on exam, patient was wearing an ankle brace. She has normal range of motion (ROM) of first MTP, ankle and subtalar. Positive left anterior drawer sign. Mild talar tilt to left, normal gait. No tenderness to palpation of ankle. Treatment has consisted of PT, Naproxen, and Hot/cold pack. The utilization review determination was rendered on 8/8/2014 recommending non-certification of a Left ankle brostrum procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle brostrum procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Lateral ligament ankle reconstruction (surgery)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Ankle and Foot, Later ligament Ankle reconstruction

Decision rationale: ACOEM states "Referral for surgical consultation may be indicated for patients who have: - Activity limitation for more than one month without signs of functional improvement - Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot - Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair". ODG Indications for Surgery -- Lateral ligament ankle reconstruction:Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. 2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. 3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).1 (Litt, 1992)]; AND/OR Osteochondral fragment, AND/OR Medial incompetence, AND Positive anterior drawer. 4. Imaging Clinical Findings: Positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint, OR Demonstrable subtalar movement, AND Negative to minimal arthritic joint changes on x-ray.Procedures Not supported: Use of prosthetic ligaments, plastic implants, calcaneus osteotomies. (Washington, 2002) (Schmidt, 2004) (Hintermann, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).While the treating physician does document a positive anterior drawer test and mild talar tilt, the treating physician also documents an improvement of symptoms and range of motion with physical therapy. In addition, the patient also reported improvement with physical therapy. The treating physician provided no imaging studies or plain films. As such the request for Left ankle brostrum procedure is not medically necessary at this time.