

Case Number:	CM14-0161827		
Date Assigned:	10/07/2014	Date of Injury:	06/07/2010
Decision Date:	10/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 Surgery and is licensed to practice in California. 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 48-year-old female housekeeper sustained an industrial injury on 6/7/10. Injury occurred when she fell and twisted her left ankle, and also injured her left knee and low back. The patient underwent left ankle arthroscopy, synovectomy, debridement, peroneal tenosynovectomy, and modified Brostrom lateral collateral ligament reconstruction on 1/24/11. She subsequently underwent left knee surgeries in February 2012 and September 2012. The patient was rushing to catch a bus on 11/30/13 and slipped on the sidewalk, landing on her left knee. She sustained a left knee laceration requiring sutures, with pain to the leg and ankle. X-rays of the knee and ankle showed no evidence of fracture or joint effusion. Records indicated that the patient attended 7 visits of physical therapy as of 3/28/14 focused on the left knee. The 6/2/14 treating physician report cited some increased weakness of the left ankle with pain made worse with walking and standing. Physical exam documented left ankle eversion weakness 3/5 to 4/5 and inversion weakness 4/5. There was good strength in plantar flexion/dorsiflexion, good stability to stress testing, and obvious left knee quadriceps weakness. X-rays of the left ankle were obtained and showed no acute changes. An additional course of physical therapy was requested and a home exercise program was reviewed. The 8/1/14 orthopedic report indicated that the left knee had given out several times over the past several months and when that happened she twisted her ankle. She was having more ankle instability symptoms with pain, swelling, giving way, and some popping. Physical exam documented +2 anterior drawer/talar tilt sign with swelling and tenderness around the anterolateral ankle and peroneal tendons. Her left knee was braced. The diagnosis was recurrent left ankle instability, left ankle synovitis with peroneal tenosynovitis, and quadriceps atrophy with arthrofibrosis left knee. The treatment plan recommended a revision modified Brostrom lateral collateral ligament reconstruction with an Arthrex internal brace and an ankle arthroscopy, synovectomy, debridement with a peroneal tenosynovectomy of the left

ankle due to severe recurrent instability. The 9/3/14 utilization review denied the request for left ankle surgery as there was no current radiographic evidence of instability, clinical exam evidence of swelling, description of a hyperextension injury, or updated imaging since the original surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision modified brostum lateral collateral ligament reconstruction with an arthrex internal brace and an ankle arthroscopy, synovectomy, debridement with a peroneal tenosynovectomy of the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Lateral ligament ankle reconstruction

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guideline indications for lateral ligament reconstruction include physical therapy and immobilization with a brace or support cast, subjective complaints of instability and swelling, positive anterior drawer sign, and positive stress x-rays identifying motion at the ankle or subtalar joint with at least 15 degree lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritis joint changes. Guidelines do not support the use of prosthetic ligaments, plastic implants, or calcaneous osteotomies. Guideline criteria have not been met. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial specifically for the left ankle and failure has not been submitted. There is no evidence of current stress x-rays as typically required by guidelines, or updated imaging evaluation of the prior surgical construct. Therefore, this request is not medically necessary.

Nasal swab rule out staph aureus: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Turning leg caddy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.