

<b>Case Number:</b>	CM14-0163752		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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:

44-year-old male claimant with an industrial injury dated 02/20/13. Exam note 08/08/14 states the patient returns with right ankle pain. The patient explains that the pain is persistent in the lateral side of the right ankle. The patient states that the pain is a burning sensation that is radiating up the left aspect of the right leg. Conservative treatments have included medications, a brace, and a corticosteroid injection all providing some pain relief. Upon physical exam the patient had instability of the right foot and ankle. The patient had a positive anterior drawer test. There is minimal edema on the right ankle. MRI reveals a fracture of the medial malleolus with good healing on the right ankle. Diagnosis includes joint derangement involving the ankle and foot with pain in the limb. Treatment includes a right ankle arthroscopy with ligament repair, right ankle block injection, and cast right foot/ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative cast for the right foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Ankle and Foot, Cast (immobilization)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Cast Immobilization

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of ankle casting. According to the ODG, Ankle and Foot, Not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. In this case the exam notes from 8/8/14 does not demonstrate a clearly unstable joint or severe ankle sprain to warrant casting. Therefore the request is not medically necessary.