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| <b>Case Number:</b>   | CM14-0182376 |                              |            |
| <b>Date Assigned:</b> | 11/07/2014   | <b>Date of Injury:</b>       | 04/11/2014 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 10/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 licensed in Podiatric surgery and is licensed to practice in New York. 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 original date of injury for this patient was 4/ 11/2014. Patient states if they were walking down the stairs and their right ankle gave out, causing him to put more pressure on his left ankle. Patient presents complaining of bilateral ankle pain left greater than right. Physical exam reveals no ecchymosis or edema to either ankle. Tenderness is noted upon palpation to bilateral ankles with limited range of motion to bilateral ankles noted as well. Diagnosis includes bilateral ankle pain and ankle sprain. Treatment consisted of ankle brace and recommendations use crutches. Patient did not improve, and physical therapy authorization was recommended. By 5/20/2014 patient had undergone physical therapy without alleviation of pain especially left ankle. MRI of bilateral ankles was recommended. MRI was performed on 8/7/2014. Impression is left side chronic appearing partial tear of the peroneal brevis tendon, mild diffuse soft tissue swelling, and no evidence of ligamentous injury. On 9/17/2014 patient was evaluated by a new physician who recommends right-sided Bronstrom Gould procedure for continued pain right ankle. This progress note advises that patient has had an MRI noting a partial prior tear of the anterior talofibular ligament and calcaneal fibular ligament of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brostrom Gould Procedure for the right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Ankle & Foot, Surgery for ankle sprains and on the Non-MTUS J Foot Ankle Surg. 2013 Sep-Oct;52(5):568-74.doi: 10.1053/j.fas.2013.02.022. Epub 2013 May 11. Cottom Jm1, Rigby RB, <http://111.ncbi.nlm.nih.gov/pubmed/23669003>

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

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for the Ron strong Gould procedure for the right ankle is medically reasonable and necessary for this patient according to the guidelines. The MTUS guidelines, chapter 14 page 374 - 375 states that a 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. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. According to the MRI, this patient has had a chronic appearing tear to the anterior talofibular and calcaneal fibular ligaments right side. Patient has undergone physical therapy which has not alleviated his pain. He is also worn an ankle brace that has not alleviated his pain. For this reason, the request meets the above criteria in the fact that his activity has been limited for greater than one month, patient has failed physical therapy, and he does have clear clinical imaging of a chronic ligamentous tear that has been shown to benefit from surgical repair. The guidelines go on to say that repairs are generally reserved for chronic instability, which this patient does appear to have. Therefore, the request for Brostrom Gould Procedure for the right ankle is medically necessary and appropriate.