

Case Number:	CM14-0082824		
Date Assigned:	07/21/2014	Date of Injury:	02/11/2014
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

The patient is a 53-year-old who sustained an industrial injury on February 11, 2014. He has left ankle, low back, neck, and bilateral shoulder complaints. Treatment for the ankle has included walker boot. MRI of the left ankle dated March 31, 2014 reveals: 1. There is tendinosis and mild interstitial tearing throughout the Achilles tendon; in addition, there is a small focal area of mild-to-moderate interstitial tearing in the area of pain which involves less than 50% of the thickness of the tendon, spans a length of roughly 1.4 cm, and located approximately 4 cm above the level of the calcaneus. No full-thickness tear or tendon retraction. Trace overlying soft tissue edema superficial to the Achilles tendon. 2. Scarring of the anterior talofibular and deltoid ligament suggesting prior sprain. 3. Surgical fixation screw at the distal fibula. No acute osseous injury. 4. Minimal degenerative change at the talonavicular joint and minimal reactive edema in the navicular bone. According to the May 14, 2014 PR-2 the patient continuing pain. Walker boot with minimal relief. Increased pain walking. Objectively, left ankle has TTP at posterior tibial tendon, pain with ROM, decreased ROM. Diagnosis left Achilles tendinitis, posterior tibial tendinitis. Request authorization for left ankle reconstruction, pre-op clearance, and post-op PT twelve visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery-Lateral ligament ankle reconstruction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

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

Post-operative physical therapy, twice weekly for six weeks or once weekly for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery-Lateral ligament ankle reconstruction.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

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

Left ankle reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery-Lateral ligament ankle reconstruction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Surgery for Achilles tendon ruptures.

Decision rationale: The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines state, 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. There is no evidence of instability. The medical records indicate conservative care has been a walker boot and immobilization. It is not established the patient has undergone a full course of conservative care in treatment of his left ankle. It does not appear that the patient has attended any supervised physical therapy to date. The medical records do not support a full course of conservative non-operative measures have been trialed. In the absence of significant functional deficits nor evidence of failure of conservative care, the medical necessity of surgical intervention has not been established. Therefore, the request for a left ankle reconstruction is not medically necessary or appropriate.

