

<b>Case Number:</b>	CM14-0186480		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Minnesota. 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 injured worker is a 38 year old overweight male with a history of work related injury to both ankles on 4/11/2014. He complains of bilateral ankle pain after rolling his ankles. Documentation indicates tenderness over the anterior talofibular ligament and calcaneofibular ligament with positive anterior drawer and talar tilt. There is pain with range of motion with crepitus. A magnetic resonance imaging (MRI) scan of the left ankle was obtained on 8/7/2014. This is reported to show a chronic appearing partial tear of the peroneus brevis tendon with mild swelling but no evidence of ligamentous injury. The lateral and medial ligaments are reported to be intact. MRI report pertaining to the right ankle is not submitted. Stress x-rays have not been obtained. The disputed request is for surgical reconstruction of the lateral ligaments of both ankles utilizing the Brostrom-Gould repair for chronic instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Brostrom Gould Bilateral Ankles: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines indicate surgical considerations for symptomatic patients with ankle laxity and positive stress films. Official Disability Guidelines (ODG) guidelines recommend stress x-rays identifying at least 15 degree lateral opening of the ankle joint or demonstrable subtalar movement and absence of significant arthritic changes in the joint. The magnetic resonance imaging (MRI) report of the left ankle does not support a ligamentous injury. Stress films have not been provided. Therefore the requested surgical procedure is not supported by guidelines and is not medically necessary.