

Case Number:	CM14-0210793		
Date Assigned:	12/23/2014	Date of Injury:	03/21/2013
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 female who reported an injury on 03/21/2013. The mechanism of injury was due to continuous repetitive trauma due to her customary job duties. The injured worker has a diagnosis of left ankle internal derangement, acute traction injury of the right upper extremity with residuals and probable neuropraxia, chronic lumbar pain/lumbar spine sprain/strain injury secondary to painful gait. Past medical treatment consists of minimal therapy for the ankle and medication therapy. MRI of the right ankle revealed mild scar remodeling of the anterior talofibular ligament and synovitis at the anterolateral gutter without acute disruption of frank meniscoid lesion. There was also no acute split tear of the peroneus brevis tendons just distal to the lateral malleolus with reconstruction proximal to the insertion. No acute fracture or stress response. Mild subcutaneous edema superficial to the medial malleolus. On 12/05/2014, the injured worker complained of left ankle pain. Physical examination of the ankle revealed dorsal ankle tenderness. There was mild restriction in range of motion. The goal treatment plan is for the injured worker to undergo left ankle arthroscopic with anterior talofibular ligament repair. No rationale or Request for Authorization form were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscope with anterior Talofibular ligament repair: Upheld

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

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

Decision rationale: The request for left ankle arthroscopic with anterior talofibular ligament repair is not medically necessary. The California MTUS/ACOEM Guidelines state that for surgical considerations there should be evidence of activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of musculature around the ankle or foot, clear clinical and imaging evidence of a lesion that has been shown to benefit from both short and long term surgical repair. The submitted documentation dated 12/05/2014 indicated that the ankle examination revealed dorsal ankle tenderness. There was mild restriction and range of motion. There was no indication of any tears or any type of lesion. Additionally, there were no assessments indicating what the pain levels were for the left ankle. Furthermore, it was noted that there was very minimal therapy for the ankle. It was documented on MRI that there was mild subcutaneous edema superficial to the medial malleolus. However, there were no acute fractures or stress response. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Associated surgical services:Pre-op medical clearance: 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.

Associated surgical services:Cam boots and crutches and Cold therapy unit (CTU unspecific if purchase or rental): 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.