

Case Number:	CM14-0213891		
Date Assigned:	12/31/2014	Date of Injury:	10/18/2010
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 twisted her ankle over 4 years ago. She had chronic ankle pain and underwent surgical ankle lateral ligament and peroneal tendon repair. She continues to complain of right ankle pain. Physical examination does not document any evidence of instability of the ankle. The medical records do not document radiographic findings of instability. There is no diagnostic imaging to suggest that this patient has ankle instability or arthritis. The patient continues to have pain despite conservative measures. At issue is whether revision ankle surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle surgery: Peroneus longus tendon repair with anastomosis to the peroneus longus tendon and anterior talofibular ligament repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line Official Disability Guidelines, Treatment in Workers Compensation Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG ankle and foot chapter

Decision rationale: Guidelines do not support the need for ankle surgery. The patient injured her right ankle over 4 years ago. She had attempted arthroscopic lateral ligament reconstruction. While she continues to complain of ankle pain. The medical records do not document of objective findings of continued ankle instability. There is no stress x-rays or other images that show instability of the ankle. In addition there is no documented orthopedic surgical opinion that reports the need for right ankle revision surgery. The need for revision surgery has not been clearly established.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line Official Disability Guidelines, Treatment in Workers Compensation Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic)

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.