

<b>Case Number:</b>	CM14-0214386		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Minnesota, Florida  
 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 injured worker is a 57-year-old male with a date of injury of 1/22/2013. He underwent a Brostrom ligament reconstruction of the right ankle in August 2013. Documentation indicates continuing pain, swelling, difficulty ambulating at times and instability. The request was previously denied for lack of evidence of conservative treatment such as physical therapy prior to the proposed surgery. There were also no imaging studies submitted including stress films and MRI with findings indicating the requested procedure. The official MRI of the right ankle post arthrogram injection indicates that there has been involution of edema of the previously seen ligament sprain at the anterior talofibular and calcaneofibular ligaments. The anterior talofibular ligament appeared thinned out to indicate a sequela of a previous ligament strain. However, there was no finding of a tear or deficit to warrant the requested procedure. Positive stress films with a 15 lateral opening at the joint or demonstrable subtalar movement have not been submitted. There must be also negative or minimal arthritic changes noted on x-rays to warrant surgery. The clinical information submitted does not include this information and therefore the appeal was denied by utilization review. This has now been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ligament Repair of the Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), 11th edition (web), 2014, Ankle and Foot (Acute and Chronic), Lateral ligament ankle reconstruction (surgery); Indications for Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and foot, Topic: Lateral ligament ankle reconstruction

**Decision rationale:** California MTUS guidelines chapter 14 page 377 indicates reconstruction of lateral ankle ligaments for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films. The Official Disability Guidelines indications for surgery (lateral ligament ankle reconstruction) include documentation of conservative care with physical therapy thus subjective clinical findings of instability and swelling, plus objective clinical findings of positive anterior drawer and grade 3 injuries plus imaging clinical findings of positive stress x-rays identifying motion at the ankle or subtalar joint. At least 15 lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray. This documentation pertaining to the stress x-rays was requested but has still not been provided. As such, the request for reconstruction of the lateral ankle ligaments is not supported and the medical necessity is not established.