

<b>Case Number:</b>	CM14-0215708		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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  
 Certification(s)/Specialty: Neurological 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:

This 23 year old female was running, fell in hole, inverting her left ankle and felt a pop on 07/02/2014. X-rays in the emergency room showed no fracture, a sprain was diagnosed and ACE wrap was advised. On exam she was 5 foot 8 inches tall, weighed 253 with a BMI of 38.46. With Ice treatments, ibuprofen 800 mg and physical therapy she improved but continued with pain and tenderness along the lateral malleolus. Her progress report of 9/11/14 noted her anterior drawer sign was negative, she had no swelling but was tender. Magnetic resonance scan of the left ankle on 9/11/14 showed a tibiotalar joint effusion and edema adjacent to the calcaneofibular ligament findings compatible with a Grade 2 sprain. On 10/7/14 she received a lidocaine and Betamethasone injection with three weeks of good relief of pain. In December she was at work with modified duty restrictions for no standing or walking greater than an hour with ten minute rests and recommendations she continue wearing the ankle brace. The Utilization Review of 12/12/2014 denied the requested left Brostrom Procedure with left ankle arthroscopic debridement, pre-op laboratory tests, post-operative physical therapy and Norco 10/325 and wheel chair rental citing ODG Guidelines only advising surgery for Grade III sprains with severe ligamentous ruptures and instability. ODG guidelines also did not recommend narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Brostrom procedure and left ankle arthroscopic debridement: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Ankle & Foot (updated 12/22/14)

**Decision rationale:** Under ODG guidelines functional treatment is preferred over surgical therapy for lateral ankle injury. Documentation from the provider does not show a discussion of the goals of an exercise program which would be advised. ODG guidelines note that exercise therapy seems to prevent a recurrence over the long term. Documentation does not show the injured worker has had a severe injury nor has she developed findings which would warrant operative intervention. She has not had a Grade III sprain. Documentation does not show the injured worker has been warned that there is an increased risk of the development of osteoarthritis and the higher risks of complications with an operation. The requested Brostrom Procedure as well as the accompanying associated surgical services and devices of arthroscopy, debridement, lab tests, post-operative physical therapy, narcotics and wheel chair is not medically necessary or appropriate.

**Associated surgical service: Preoperative labs: CBC, UA: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .

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

**Associated surgical service: Postoperative physical therapy 2 times a month for 3 months (6 visits total): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .

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

**Associated surgical service: Postoperative medication, Norco 10/325 mg 1-2 every 4-6 hours p.r.n. pain #60 with one refill: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .

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

**Associated surgical service: Postoperative wheelchair rental for 12 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .

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