

<b>Case Number:</b>	CM14-0216984		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2014

### 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 20-year-old male who reported an injury on 08/06/2014, the mechanism of injury was reported to be an inversion twisting injury to the left ankle. Diagnoses were left ankle sprain/strain laxity LPTFL. The clinical note dated 12/29/2014 noted the injured worker had complaints of intermittent sharp pain to the left ankle, made worse with activity. An MRI of the left ankle performed on 08/06/2014 revealed a normal study. Medications included ibuprofen, Zoloft, and propranolol. Upon examination of the left ankle, there was no visible swelling, 120% inversion of the left ankle compared to the right at 100%, plantar flexion, and eversion. The injured worker stands and walks fine. Treatment plan included a left ankle arthroscopic extensive debridement a left ankle Brostrom lateral ligament secondary reconstruction. The Request for Authorization form was dated 12/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left ankle arthroscopic extensive debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5.

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

**Decision rationale:** The request for 1 left ankle arthroscopic extensive debridement is not medically necessary. The Official Disability Guidelines state that an ankle arthroscopy would provide the surgeon with a minimally invasive treatment option for impingement, osteochondral defects, loose body, ossicles, synovitis, adhesions, and instability. There is no clinical or imaging evidence to suggest a presence of any of the conditions stated in the guidelines. There would not appear to be evidence of any condition for which extensive debridement would be required. As such, medical necessity has not been established.

**1 left Brostrom lateral ligament secondary reconstruction:** 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 Reconstruction (Surgery), Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Lateral ligament ankle reconstruction (surgery).

**Decision rationale:** The request for 1 left Brostrom lateral ligament secondary reconstruction is not medically necessary. The Official Disability Guidelines would recommend a ligament reconstruction when there are subjective complaints of ankle instability and consistent objective and imaging findings. There would be evidence of a talar tilt that exceeds 15 degrees. There should be evidence that the injured worker had tried and failed initially recommended conservative treatment, such as medications and physical therapy or a strengthening program. There was subjective complaints of left ankle pain. The injured worker had a normal MRI, and no diagnosis of instability noted. There is no evidence of the injured worker's failure to respond to conservative treatment to include physical therapy and medications. Therefore, the request is not medically necessary.

**Associated surgical service: 1 MD assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

**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.