

Case Number:	CM15-0000736		
Date Assigned:	01/12/2015	Date of Injury:	02/19/2013
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/03/2015

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:

The injured worker is a 36-year-old female, who sustained an industrial injury on February 19, 2013, tripping and rolled the left ankle. The injured worker had reported a swollen and bruised left ankle. The diagnoses have included a left ankle fracture, chronic left sprain/pain, rule out soft tissue impingement and sinus tarsi syndrome. Treatment to date has included manipulation under anesthesia, splinting, injection of the subtalar joint, physical therapy, corticosteroid injections, custom foot orthotics, icing, and medication. Currently, the IW complains of left ankle pain, present all the time, localized on both medial and lateral sides, with compensatory pain in the low back and right hip, and numbness and tingling in and about the left ankle. An Initial Orthopedic Consultation visit dated November 24, 2014, noted the injured worker limping, and the left ankle swollen with restricted range of motion. Physical examination of the left foot and ankle was noted to show pes planus, rear foot valgus, pain with palpation along the lateral gutter and sinus tarsal, minimally pain medially, with no evidence of instability. The Physician noted that surgery should alleviate the injured worker's pain. On December 31, 2014 Utilization Review non-certified a request for a left ankle possible Brostrum procedure, a stress x-ray under anesthesia, an assistant surgeon, preoperative urinalysis, preoperative CBC, and a preoperative chest x-ray. The UR Physician noted that as the injured worker did not have a history of recurrent ankle sprains or failure of braces, therefore the request for a left ankle possible Brostrum procedure was not medically necessary and denied. The stress X-ray under anesthesia was denied as there was no ankle instability reported. The injured worker was noted to be undergoing a minimally invasive procedure; therefore, an assistant surgeon was not medically

necessary. The preoperative urinalysis, CBC, and chest x-ray were noted as not medically necessary prior to surgery and denied. The MTUS Post-Surgical Treatment Guidelines, and the Official Disability Guidelines (ODG), Ankle & Foot, updated December 22, 2014, and Indications for Surgery, as well as Non-MTUS guidelines were cited. On January 3, 2015, the injured worker submitted an application for IMR for review of left ankle possible Brostrum procedure, a stress x-ray under anesthesia, an assistant surgeon, preoperative urinalysis, preoperative CBC, and a preoperative chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle possible brostrum procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG ankle and foot- subtalar arthroscopy, radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377, 374-5.

Decision rationale: According to California MTUS guidelines surgery would be considered for the ankle if laxity were demonstrated on physical examination and stress films. Documentation shows there is no evidence of instability. Guidelines indicate surgery may be considered if there is clear clinical and imaging evidence of a lesion that has been shown to benefit from surgery in the short and long term. No clear evidence has been provided in the documentation.

Stress x -rays under anesthesia: 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 and foot- radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: California MTUS Guidelines advise further evaluation if radiographic films show an ankle effusion greater than 13 mm anteriorly. Documentation does not show such a lesion. The ODG guidelines do not advise radiographs except where fractures are suspected. They advise on clinical examination the squeeze test, anterior drawer test and an inversion stress test. An Ankle series is recommended if there is tenderness at the tip or posterior edge of the lateral malleolus or at the tip of the medial malleolus with inability to bear weight in the emergency department. Documentation did not show this. Followup xrays of the ankle are recommended in the face of chronic ankle pain if the initial studies suspected ankle instability. This was not the case.

Assistant surgeon: 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) Indications for surgery- lateral ligament ankle reconstruction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since possible brostrum procedure not recommended an assistant surgeon is not needed.

Decision rationale: Since possible brostrum procedure not recommended an assistant surgeon is not needed.

Preoperative urinalysis: 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 Since possible brostrum procedure not recommended an urinalysis is not needed

Decision rationale: Since possible brostrum procedure not recommended an urinalysis is not needed.

Preoperative CBC: 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 Since possible brostrum procedure not recommended a preoperative CBC is not needed

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

Preoperative chest x - ray: 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) - radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since possible brostrum procedure not recommended a preoperative chest x-ray is not needed

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