

Case Number:	CM15-0111780		
Date Assigned:	06/18/2015	Date of Injury:	11/21/2014
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, Oregon
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 50-year-old male injured worker suffered an industrial injury on 11/21/2014. The diagnoses included tear/rupture of a ligament left ankle. The injured worker had been treated with medications. On 5/7/2015, the treating provider reported the ankle felt unstable and swells. On exam, there was severe pain of the left ankle and made worse with range of motion. The treatment plan included Repair of the anterior talofibular ligament of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of the anterior talofibular ligament of the left ankle: 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 Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and

objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case, the exam note from 5/7/15 does not demonstrate evidence of stress radiographs being performed. There is no evidence of physical therapy being trialed and failed. Therefore, the determination is not medically necessary.