

Case Number:	CM15-0112926		
Date Assigned:	06/19/2015	Date of Injury:	07/06/2013
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 29-year-old male who sustained an industrial injury on 07/06/2013. Treatment provided to date has included physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include MRI of the left ankle (05/12/2014) as reported on the progress report dated 11/03/2014, which was reported to show a ganglion cyst, post tibial tendonitis and capsulitis post subtalar joint with effusion. There were no noted comorbidities or other dates of injury noted. On 02/19/2015, physician progress report noted complaints of chronic left ankle pain. The pain was rated 4/10 (0-10) in severity upon exam, and noted to be 4/10 at best and 8/10 at worst. The injured worker stated that he attempts to walk 30-60 minutes per day, but prolonged walking results in continuous pain. No swelling was reported. Current medications include ibuprofen and hydrocodone/APAP. The physical exam revealed a slow gait (flat foot), slight swelling along the joint line of the left ankle with a palpable mobile and tender cyst (1 medial and 1 lateral), tenderness to the plantar proximal aspect of the left foot and lateral joint line cyst, and loud crepitus and "click" sounds with dorsi-flexion and plantar flexion. The provider noted diagnoses of left ankle sprain, sprains/strains of the ankle, tenosynovitis of the left foot/ankle involving the posterior tibialis and flex or digitorum longus tendons, chronic pain syndrome, ganglion and cyst of the synovium, tendon and bursa. Plan of care includes orthopedic foot specialist consultation for evaluation for ankle arthroscopy and removal of ganglion cyst, short-term bracing, post-op physical therapy, and cortisone injections. The injured worker's work status remained on restricted/modified duties. The request for

authorization and IMR (independent medical review) includes: repair of lateral ankle ligaments of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair lateral ankle ligaments of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle section, lateral ligament ankle reconstruction.

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 2/19/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is not medically necessary.