

Case Number:	CM15-0174366		
Date Assigned:	09/16/2015	Date of Injury:	03/11/2014
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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, Oregon, Washington
 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 22-year-old female, who sustained an industrial injury on March 11, 2014. On July 16, 2015, the injured worker had a surgical evaluation for his left ankle. The injured worker had continued pain to the lateral collateral ligaments of the left ankle. She reported significant pain along the lateral aspect of the ankle joint and worsening pain along the deltoid ligaments. She had a clicking sensation in the ankle joint. Anterior drawer and talar tilt signs were positive. She had chronic instability and was unable to perform toe walking, toe standing, squatting, crouching, heel walking or heel standing. She had difficulty with gait and ambulatory function. A CR scan of the left ankle on July 2, 2015 found no definite radiographic abnormality noted in the left ankle and noted if there was a high concern for ligamentous injury, an MRI may be considered for further definition. An MRI of the left ankle without contrast on April 27, 2015 revealed a small nonspecific left ankle effusion decreased in size from previous study on March 27, 2014. The ATFL was intact and the previously described injuries had resolved. The injured worker was diagnosed as having sprain-strain of the left ankle, previous tear of the anterior talofibular ligament, instability of the left ankle, attenuation of the lateral ligaments, and a painful gait. Treatment to date has included diagnostic imaging, and physical therapy. A request for authorization for stabilization of the ankle joint with repair of chronic instability was received on July 30, 2015. On August 4, 2015, the Utilization Review physician determined that stabilization of the ankle joint with repair of chronic instability was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stabilization of the ankle joint with repair of chronic instability: 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 & Foot, and Surgery for ankle sprains.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 notes provided does not demonstrate evidence of stress radiographs being performed. Therefore, the determination is not medically necessary.