

Case Number:	CM15-0174473		
Date Assigned:	09/16/2015	Date of Injury:	02/10/2014
Decision Date:	10/16/2015	UR Denial Date:	08/21/2015
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 57-year-old female who sustained an industrial injury on 2-10-2014. A review of medical records indicate the injured worker is being treated for cervical strain with possible radiculopathy, rule out thoracic outlet syndrome, chronic ankle instability left, and osteochondral lesion of left medial talus. Medical records dated 6-30-2015 note worsening flare up of left ankle symptoms. There was also cervical neck pain with weakness in bilateral upper extremities. She was having difficulty with repetitive activities. Left ankle was made worse with walking and standing. Physical examination noted limited range of motion to the cervical spine. There was tenderness and swelling around ankle joint proper. Treatment has included injections and anti-inflammatories. MRI dated 3-16-2015 revealed mild degenerative changes of the tibiotalar joint with small joint effusion. The Utilization review form dated 8-21-2015 noncertified left lateral collateral reconstruction with left ankle arthroscopy, synovectomy, debridement along with treatment of osteochondral lesion, preoperative labs and nasal swab, and standard crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral collateral ligament reconstruction with ankle arthroscopy, synovectomy, debridement along with treatment of osteochondral lesion: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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 note from 6/30/15 does not demonstrate evidence of stress radiographs being performed. Therefore, the request is not medically necessary.

Pre-operative labs and nasal swab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Standard crutches: 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 section, lateral ligament ankle reconstruction.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.