

Case Number:	CM15-0024003		
Date Assigned:	02/13/2015	Date of Injury:	08/23/2014
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
 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 male, who sustained an industrial injury on 08/23/2014. On progress report dated 12/10/2014 the injured worker has reported pain around anterolateral ankle that is made worse with walking and standing. On examination he was noted to have improving range of motion, swelling and tenderness around the anterolateral ankle. The diagnoses have included osteochondral lesion left lateral talar dome, chronic ankle instability, occult fracture left fifth metatarsal and tear peroneal tendons. Treatment to date has included boot walker and x-rays. On 1/27/2015 Utilization Review non-certified Brostrom lateral collateral ligament reconstruction with ankle arthroscopy/synovectomy. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brostrom lateral collateral ligament reconstruction with ankle arthroscopy/synovectomy:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Ankle and Foot, Topic: Lateral ligament ankle reconstruction.

Decision rationale: California MTUS guidelines indicate surgical considerations for reconstruction of the lateral ankle ligaments for symptomatic patients with ankle laxity demonstrated on physical examination and positive stress films. (Page 377). Stress films have not been submitted. ODG criteria for lateral ligament ankle reconstruction include 1. Conservative care: Physical therapy (immobilization with support cast or ankle brace and rehabilitation program) +2. Subjective clinical findings: Complaint of swelling plus objective clinical findings: Positive anterior drawer plus imaging clinical findings of positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic changes on x-ray. The documentation does not indicate presence of a tear of the anterior talofibular ligament or the calcaneofibular ligament on the MRI scan. The MRI report indicates that the ligaments are normal. There is a 12 x 15 mm nondisplaced and nondepressed fracture of the talus and a split tear of the peroneus brevis tendon documented. As such, in the absence of stress x-rays to document the instability with a 15 degree opening, and the absence of confirmation of the tear of the anterior talofibular ligament on the imaging studies, and normal ligaments on the MRI report, the requested Brostrom lateral collateral reconstruction with ankle arthroscopy and synovectomy is not supported by guidelines and the medical necessity of the request is not substantiated.