

<b>Case Number:</b>	CM15-0034664		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 62-year-old male who reported an injury on 04/12/2011. The mechanism of injury was not provided. His diagnosis was noted as left ankle pain. Diagnostic studies were noted to include an MRI of the left ankle performed on 11/06/2014 which was noted to reveal osteochondritis dissecans of the medial talar dome. His surgical history was noted to include a left ankle arthroscopy. During the assessment on 01/12/2015, the injured worker stated the pain was a little bit more anterior that it was before. He reported the portal sites were bothering him. The injured worker reported pain laterally about the peroneals and pain in the ankle with swelling. The physical examination revealed pinpoint tenderness to light touch. The treatment plan was to have the injured worker try topical anti-inflammatories to see if it would help with the swelling. The Request for Authorization form was dated 12/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ankle Tendon Debridement, Repair and Hardware:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th edition (web), 2014, Ankle & Foot, Indications for Surgery - Lateral ligament ankle reconstruction, Peroneal tendinitis/tendon rupture (treatment).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Lateral ligament ankle reconstruction (surgery).

**Decision rationale:** The request for left ankle tendon debridement, repair, and hardware is not medically necessary. The Official Disability Guidelines indicate the criteria for lateral ligament ankle reconstruction includes documented failure of conservative treatment, to include physical therapy; subjective clinical findings, such as chronic instability of the ankle and/or hyperextension injury, ecchymosis, swelling. There must also be objective clinical findings, to include osteochondral fragment, medial incompetence, and a positive anterior drawer test. There must also be evidence of positive stress x-rays identifying motion at ankle or a subtalar joint or demonstrable subtalar movement with negative to minimal arthritic joint changes on x-rays. The clinical documentation indicated the injured worker complained of swelling and tenderness. However, there was no documentation of failure of conservative treatments. There were no objective clinical findings or positive imaging clinical findings to support the request for surgery. As such, the request is not medically necessary.

**Pre-Operative Urinalysis:** 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), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic, Preoperative testing.

**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.

**Pre-Operative Clearance:** 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), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic, Preoperative testing.

**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.

**Associated surgical service: EKG:** 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), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic, Preoperative electrocardiogram (ECG).

**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.

**Associated surgical service: Chest X-Ray:** 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), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic, Preoperative testing.

**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.

**Associated surgical service: Crutches:** 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Walking aids (canes, crutches, braces, orthoses & walkers).

**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.

**Associated surgical service: Cam Walker:** 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Cam Walker, Cast.

**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.

**Post-Operative Surgical Boot/Shoe:** 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Footwear, knee arthritis.

**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.

**Post-Operative Physical Therapy twice a week for four weeks for the Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.