

<b>Case Number:</b>	CM15-0064082		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 (IW) is a 47-year-old male who sustained an industrial injury on 09/28/2012. Diagnoses include crush injury to the left foot and ankle with involvement of the superficial peroneal nerve and sural nerve and instability of the left ankle. Treatment to date has included medications and injections. Diagnostics included electrodiagnostic testing and MRIs. According to the PR2 dated 3/5/15, the IW reported a degree of pain relief from a recent subtalar joint injection, which is the location of most of his pain. A request was made for ankle and subtalar arthroscopy/collateral ligament repair/neuroplasty under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle and subtalar arthroscopy/collateral ligament repair/neuroplasty, fluoroscopy:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 209-210.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle section, lateral 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 3/5/15 does not demonstrate evidence of stress radiographs being performed. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.