

Case Number:	CM15-0068064		
Date Assigned:	04/15/2015	Date of Injury:	06/06/2014
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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 42 year old female, who sustained an industrial injury on 6/6/14. She reported a left ankle injury. The injured worker was diagnosed as having status post open reduction and internal fixation of left ankle and status post placement of tight rope anchor. Treatment to date has included left ankle surgery with tightrope anchor in place, physical therapy and oral medications. Currently, the injured worker complains of left ankle pain. Exam note 2/12/15 demonstrates left ankle dorsiflexion of -5 degrees, plantar flexion of 50 degrees, inversion of 18 degrees, eversion of 20 degrees. Physical exam noted tenderness laterally in left ankle, with palpable screws; x-rays show tight rope in place and a lateral plate in place. The treatment plan included removal of the tightrope anchor and manipulation of the ankle under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of tightrope: 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), Hardware implant removal (fracture fixation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot-Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 2/12/15 of significant pathology to warrant surgery. There is lack of documentation of failure of the tigtrope to warrant removal. Therefore the guideline criteria have not been met and determination is not medically necessary.

Ankle manipulation: 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 Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 2/12/15 of significant functional impairment to warrant manipulation of the ankle. Therefore the guideline criteria have not been met and determination is not medically necessary.