

Case Number:	CM13-0004636		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2007
Decision Date:	04/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who sustained an ankle injury on 8/27/2007. The mechanism of injury is not specified. The patient has been complaining of pain in the left ankle due to weather changes and activities such as walking. The patient describes a loose body sensation in the ankle. The patient has difficulty sleeping due to the pain. He feels that the ankle turns in when he is walking and it feels unstable and it tends to swell. Physical examination notes an antalgic gait, diffuse nonspecific tenderness and pain with active range of motion. There is no gross instability to testing and neurological exam is negative. According to the notes, the patient is on over-the-counter Tylenol and does home exercises. The patient had an MRI of the left ankle in November 2012 which showed some mild attenuation of the anterior tibiofibular ligament and the anterior talo fibula ligament. This was thought to be due to a mild strain or it may be congenital. There has been a request for a left ankle arthroscopy that dates back to November 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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

Decision rationale: The medical record describes the left ankle as the injured ankle and the one for which arthroscopy was requested. The above decision is for the right ankle. There is no documentation of any problems with the right ankle nor is the request from the provider for arthroscopy of the right ankle. He constantly references the left ankle; therefore, the medical necessity of right ankle arthroscopy is not established. The MTUS guideline states that referral for surgical consultation may be indicated for patients who have a clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair. This employee has global ankle pain and tenderness. He has no instability, has no neurological or vascular problems. He has essentially a negative MRI scan of the ankle. What he does not have is a clear clinical or imaging evidence of a lesion for which ankle arthroscopy would benefit. Therefore, even if this was a typographical error, the medical necessity of ankle arthroscopy has not been established.

Assistant Surgeon: 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.