

<b>Case Number:</b>	CM13-0007631		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. 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.

### 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 42-year-old female who reported an injury to her left ankle on 7/15/2012 when she is reported to have slipped and fallen and twisted her ankle. She is noted to have a remote history of an open reduction and internal fixation of a left bimalleolar fracture. The patient is reported to have undergone x-rays of the left ankle on 07/17/2012, which noted the patient had remaining hardware at the level of the fractures with the old fractures of the fibula and medial malleolus in near anatomic alignment and position. The patient is noted to have treated conservatively with an air cast. She underwent a CT of the left ankle on 10/25/2012 that noted old healed fracture deformities of the distal fibular shaft and medial malleolus in anatomic alignment, a small avulsion at the tip of the lateral malleolus probably involving the anterior talofibular ligament attachment and moderate osteoarthritis of the ankle joint and mild osteoarthritis of the posterior subtalar joint. She is noted to continue to complain of ongoing pain in the left ankle and to continue to have treated conservatively. On 12/26/2012, she underwent an MRI of the left ankle, which noted broad-based osteophytosis along the anterior aspect of the tibiotalar joint, extending to the medial and lateral gutters, and a 1 cm cystic ganglion in the posteromedial aspect of the ankle superficial to the retinaculum. The patient is reported to continue to treat conservatively with braces, hot and cold packs, a TENS unit, and physical therapy. A recommendation was made for a left ankle arthroscopy with excision of spurs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left ankle arthroscopy and excision of a spur: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Arthroscopy.

**Decision rationale:** The California MTUS Guidelines do not address the request. The OffiODG state except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement and removal of loose bodies, is not effective and therefore, arthroscopy for that indication was not recommended. The request for left ankle arthroscopy is not medically necessary and appropriate.

**Preoperative clearance:** 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

**Polar Care:** 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

**Crutches:** 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

**pain catheter:** 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

**Amoxicillin 875mg #20:** 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

**Zofran 8mg #20:** 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

**Neurontin 600mg #180:** 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

**Rejuveness:** 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