

Case Number:	CM13-0022774		
Date Assigned:	11/13/2013	Date of Injury:	09/25/2003
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 Texas. 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 injured worker who reported an injury on 09/25/2003. The patient is currently diagnosed with industrial injury to the left ankle with osteochondral lesion over the talus, bony avulsion fracture of the medial malleolus with residual tenderness and pain, and status post peroneal and posterior tibial tendon reconstruction with intact function. The patient was seen by [REDACTED] on 08/14/2013. Physical examination revealed asymmetric swelling compared to the right, antalgic gait, good range of motion, mildly restricted subtalar motion, diffuse tenderness over the anterior aspect of the ankle, discomfort to palpation at the tip of the medial malleolus and lateral malleolus, and mild pain with dorsiflexion, plantar flexion, inversion and eversion. Treatment recommendations included an arthroscopic evaluation of the left ankle to indicate intact articular cartilage and identify any adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left ankle arthroscopy with debridement synovectomy, curettage talar cyst, and iliac crest bone graft: Upheld

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

MAXIMUS 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), Ankle & Foot Chapter, Diagnostic Arthroscopy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle, or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Official Disability Guidelines state a diagnostic arthroscopy is recommended for specific indications. In the past, diagnostic arthroscopy was performed in cases of unexplained pain, swelling, stiffness, hemarthrosis, locking and ankle instability. As per the clinical notes submitted, the patient is status post left ankle arthroscopy times 6. The patient underwent a left ankle MR arthrogram on 07/15/2013 which indicated no filling defects seen in the ankle joint to suggest chondral or osteochondral bodies with septation suggestive of synovitis and fibrosis, osteochondral lesion of the medial talar dome, and subarticular cystic lucency in the central tibial plafond. The patient has maintained permanent and stationary findings. There is no need for additional interventional treatment as the subjective and objective findings remained stable. The latest physical examination on 08/14/2013 revealed fairly good range of motion, tenderness to palpation and asymmetric swelling. The request for 1 left ankle arthroscopy with debridement synovectomy, curettage talar cyst, and iliac crest bone graft is not medically necessary and appropriate.

Twelve post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.