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| Case Number: | CM13-0023251 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 01/29/2002 |
| Decision Date: | 01/10/2014 | UR Denial Date: | 08/05/2013 |
| 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and 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 59-year-old male who reported a work-related injury on 01/29/2002, the mechanism of injury was cumulative trauma. The patient presents for treatment of the following diagnoses: left knee chondral defect femoral condyle, left knee medial meniscus tear, Achilles tendonitis left leg, bilateral knee pain, right ankle anterior talofibular and calcaneal fibular tears, left ankle anterior talofibular and calcaneal fibular tears, left ankle impingement syndrome, impingement syndrome of the right ankle, ganglion cysts, and hypertension. Clinical note dated 06/07/2013 reported the patient was seen under the care of [REDACTED] for his pain complaints. The provider documents the patient continues to have pain in the left knee and swelling with crepitus, and states he has had no improvement to his bilateral ankle pain. Upon physical exam of the patient's bilateral ankles, positive pes planus, positive pronation deformity, positive too-many-toes sign, and positive tenderness over the Achilles tendon at the musculotendinous junction was noted bilaterally. However, the patient had full range of motion and 5/5 motor strength noted to the bilateral ankles. The provider documented the patient is indicated for bilateral ankle arthroscopies and debridement, as well as postoperative therapy and an ice therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ankle arthroscopies and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter..

Decision rationale: The clinical documentation submitted for review lacks evidence to support the requested operative procedure at this point in the patient's treatment. Review of the clinical notes did not evidence documentation of any recent conservative treatment such as injection therapy or physical therapy to support the requested operative procedure, let alone bilaterally. In addition, the clinical notes did not evidence any official imaging of the patient's bilateral ankles to support the requested operative procedure. As the clinical notes failed to evidence the above, the request for bilateral ankle arthroscopies and debridement is not medically necessary or appropriate.

Post- operative physical therapy bilateral ankles (unknown quantity/duration): 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.

Ice therapy unit for bilateral ankles: 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.