

<b>Case Number:</b>	CM13-0046255		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Orthopedic 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 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/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:

This is a 50-year-old gentleman who was injured in a work related accident that occurred on 12/06/96. The clinical records in this case specific to the claimant's right ankle include a 09/16/13 MRI report that shows a 2.3 cm by 1 cm ganglion cyst posterior to the distal tibiofibular articulation and findings that are suggestive of a mild partial tear involving the deltoid ligament. A record from 11/20/13 indicated continued complaints of right ankle pain for which recent MRI scan was reviewed. The physical examination findings on that date were of no swelling with full motion noted to the ankle with tenderness. There was tenderness over the Achilles insertion but no disruption. Based on failed conservative measures surgical intervention to include a right ankle arthroscopy for evaluation of osteochondral defect and resection of a ganglion cyst was recommended for further treatment. There was no other documentation of clinical imaging in this case or of specific treatment rendered to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE DIAGNOSTIC ANKLE ARTHROSCOPY AND EVALUATION OF THE OCD/POSSIBLE DEBRIDEMENT AND OPEN RESECTION OF GANGLION CYST.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**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 Procedure, Arthroscopy

**Decision rationale:** The California MTUS guidelines state that surgical consultation may be appropriate in cases where there is "Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot". When looking at Official Disability Guidelines criteria also indicate that arthroscopy is appropriate in cases where there has been failed conservative care and for cases that would involve treatment of ankle impingement, osteochondral lesions or for ankle fusion. The current clinical imaging for review does not support evidence of any of the aforementioned diagnoses. There is no indication of osteochondral deficit from recent MRI. There is no documentation of specific recent conservative measures. Given the claimant's clinical imaging and lack of documentation of failed conservative care, the requested surgical intervention is not medically supported by the evidence based guidelines.