

<b>Case Number:</b>	CM13-0048953		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/27/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### **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 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. 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 claimant is a 46-year-old gentleman injured on March 27, 201; the mechanism of injury was not noted. Clinical records available for review indicate right ankle complaints. The most recent medical record, dated September 12, 2013, documents complaints of ankle pain with activity and states that a request for viscosupplementation injections had been denied. The records also note that the claimant is one year post-surgery, having undergone chondral graft placement of an osteochondral lesion to the medial talar dome. Objective findings showed healed incisions with tenderness over the medial malleolus and talar articulation. There was no midfoot or lateral tenderness. Range of motion was full with good strength. The claimant was diagnosed with residual pain following right ankle osteochondral lesion surgery. The records reference no recent imaging. This request is for a medial malleolar osteotomy with excision of osteochondral lesion, possible bone grafting and autologous chondrocyte implantation procedure for the right ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ONE MEDIAL MALLEOLAR OSTEOTOMY, EXCISION OF OSTEOCHONDRAL LESION, POSSIBLE BONE GRAFTING (ALLOGRAFT), AND INSERTION OF AUTOLOGOUS CHONDROCYTES FOR THE RIGHT ANKLE, AS AN OUTPATIENT:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 14,

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, the proposed surgical intervention would not be indicated in this case. ACOEM Guidelines support surgical consultation and operative intervention if the records document clear evidence upon imaging and examination of a lesion shown to benefit short- and long-term from surgical repair. In this case, the records do not reference imaging studies taken following the original surgery. Without such studies, structural abnormality cannot be established, and the request for surgery would not be supported as medically necessary.