MAXIMUS Federal Services

Case Number:	CM13-0049051		
Date Assigned:	12/27/2013	Date of Injury:	08/02/2011
Decision Date:	06/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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:

The patient has filed a claim for ankle joint synovitis/fibrosis/capsulitis associated with an industrial injury date of August 2, 2011. Utilization review from October 24, 2013 denied the request for left ankle arthroscopy due to no support for the benefits of arthroscopy for the treatment of synovitis and fractures. Treatment to date has included intra-articular injections, physical therapy, and oral pain medications. Medical records from 2012 through 2014 were reviewed showing the patient complaining of left foot pain. The pain is located in the medial aspect of the left heel as well as the ankle joint itself. On examination, there was dysesthesia to the medial ankle over the distal incision. Range of motion for the left lower extremities was normal. Official imaging reports were not present in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE ARTHROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, ANKLE AND FOOT COMPLAINTS CHAPTER,

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

Decision rationale: Page 374 of the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Ankle and Foot Complaints Chapter states that surgical consultation/intervention may be indicated for patients who have failed conservative treatment with imaging is evidence to support a surgical lesion. In this case, the patient complains of chronic left foot and ankle pain. Progress notes from 2014 demonstrated persistent symptoms. However, official imaging reports were not provided in the documentation to support a surgical lesion. Therefore, the requested left ankle arthroscopy is not medically necessary.