MAXIMUS Federal Services

Case Number:	CM13-0049589		
Date Assigned:	12/27/2013	Date of Injury:	12/13/1999
Decision Date:	04/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopaedic 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:

Patient is a 48-year-old male with an industrial injury on 12/13/99. Patient is status post left ankle arthroscopy in 2000 with continued left ankle pain. An MRI on 2/13/13 demonstrates a slightly thickened but grossly intact anterior talofibular ligament, mild Achilles tendinosis with small focal partial longitudinal tear, minimal posterior tibial flexor digitorum and peronel tenosynovitis. Minimal central and anterior calcaneal edema is appreciated without talar dome osteochondral lesion and minimal subcutaneous soft tissue edema. On 10/18/13 left ankle stress view x-rays revealed no signs of instability. Patient has ongoing left anteromedial and lateral ankle pain. Report of failure of nonsurgical methods. Request is for a left ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT ANKLE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, diagnostic Arthroscopy

Decision rationale: There is insufficient documentation of failure of nonsurgical management in the records. In addition, the MRI of the ankle on 2/13/13 does not demonstrate significant

pathology. Therefore the ACOEM/ODG criteria have not been satisfied and determination is for non-certification.

ONE (1) LEFT PERONEAL TENDON REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of peroneal tendon repair. ODG criteria for peroneal tendon repair has not been satisfied as there is no evidence on MRI of peroneal tendon tear and no evidence of failure of nonsurgical management. Therefore the determination is for non-certification.

THIRTY FOUR (34) POST-OPERATIVE CHIROPRACTIC PHYSIOTHERAPY SESSIONS OVER SIXTEEN (16) WEEKS: 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.