

Case Number:	CM13-0052951		
Date Assigned:	05/09/2014	Date of Injury:	05/08/2013
Decision Date:	06/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 is an employee of [REDACTED] and has submitted a claim for left ankle pain associated with an industrial injury date of May 8, 2013. The treatment to date has included medications, physical therapy, home exercise program, ankle braces, offloading and non-weight bearing with a cast, and steroid injections. Medical records from 2013 were reviewed, which showed that the patient complained of left ankle pain. On physical examination, there was tenderness of the left lateral ankle at the area of the anterior talofibular ligament and cuboid tunnel area but the left lower extremity was neurologically and vascularly intact. MRI of the left ankle without contrast dated September 9, 2013 revealed moderate osteoarthritis involving the dorsal aspect of the talonavicular joint with contiguous postoperative changes involving the dorsal margin of the talonavicular joint suggesting debridement of dorsal marginal osteophytes. The utilization review from November 5, 2013 denied the request for diagnostic left ankle arthroscopy with possible ligament repair and exploration of peroneal tendons because the examination findings did not support the multiple diagnoses that have been made and there was no documentation of failed conservative methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE ARTHROSCOPY WITH POSSIBLE LIGAMENT REPAIR AND EXPLORATION OF PERONEL TENDONS: Upheld

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

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

Decision rationale: California MTUS does not specifically address ankle arthroscopy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that arthroscopy is recommended as a minimally invasive treatment option for a wide variety of indications, such as impingement, synovitis, and instability. In this case, arthroscopy was requested for possible lateral ankle ligament repair. However, physical examination findings and recent MRI did not support findings of a ligament tear and only osteoarthritis was found on imaging. Stress views were not obtained. Guidelines state that arthroscopy for treatment of ankle arthritis is not effective and therefore is not recommended. The necessity for the requested procedure was not established; therefore, the request for left ankle arthroscopy with possible ligament repair and exploration of peroneal tendons is not medically necessary.