

Case Number:	CM13-0058298		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	05/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 Podiatry, 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 injured worker is a 54-year-old female who reported an injury on April 7, 2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained injuries to her low back and right ankle. The injured worker was evaluated on 10/10/2013. It was documented that the injured worker had failed to respond to corticosteroid injections, physiotherapy, immobilization with a CAM walker boot, and AFO brace. It was noted that the injured worker continued to complain of right ankle instability. Physical findings noted moderate to severe tenderness of the lateral aspect of the right ankle with 1+ edema. The injured worker had limited right ankle range of motion with a 2+ anterior drawer test and inversion stress test consistent with bipolar right ankle instability. The injured worker's diagnoses included status post inversion injury, right foot and ankle, posttraumatic arthrofibrosis with lateral impingement lesion of the right ankle, and chronic anterior right ankle instability. The injured worker's treatment plan included continued use of an AFO brace with authorization requested for an arthroscopic debridement of the right ankle with lateral ankle stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE ARTHROSCOPY, DEBRIDEMENT, LATERAL ANKLE STABILIZATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The requested right ankle arthroscopy, debridement, lateral ankle stabilization is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for chronic instability when an injured worker has activity limitations without signs of functional improvement and have failed to progress through an active therapy program. There must be clear clinical evidence upon physical examination supported by an imaging study. The injured worker's most recent clinical evaluation did document that the injured worker had an inversion stress test consistent with right ankle instability. It is noted that the injured worker had failed to respond to conservative measures to include physical therapy, corticosteroid injections, and immobilization. However, the clinical documentation submitted for review did not provide an independent report of an imaging study to support the injured worker's physical examination. Therefore, the appropriateness of the requested surgery cannot be determined. The request for a right ankle arthroscopy, debridement, and lateral ankle stabilization procedure is not medically necessary or appropriate.