

Case Number:	CM13-0059314		
Date Assigned:	12/30/2013	Date of Injury:	06/09/1999
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 claimant is a 64-year-old who sustained an injury to the left ankle on 6/9/99. The clinical records provided for review included a report of a CT scan dated 10/16/13 showing talonavicular spurring with no indication of joint space narrowing, but a moderate degree of degenerative change noted about the subtalar joint. Current physical examination findings from examination in October 2013 documented continued complaints of pain with objective findings showing previous scarring from a healed skin graft of the ankle and lower extremity with restricted motion at end points of dorsiflexion and plantar flexion. Sensation was noted to be intact. Documentation indicated that conservative measures had failed and the recommendation was made for a talonavicular arthrotomy with synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE TALONAVICULAR ARTHROTOMY WITH SYNOVECTOMY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: The California ACOEM guidelines do not recommend the proposed arthrotomy for the purpose of a synovectomy. The medical records for review do not contain documentation of clinical finding on imaging that would support the need for surgery. There is also no documentation on imaging of an abnormality that would be proven to benefit from the proposed surgical process including an open arthrotomy. While the records document failure of conservative treatment, the specific conservative measures offered to the claimant are not identified. Therefore, the proposed surgery cannot be recommended as medically necessary.

12 SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT ANKLE: 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.