

Case Number:	CM13-0066862		
Date Assigned:	01/03/2014	Date of Injury:	04/04/2011
Decision Date:	03/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This patient sustained a right foot/ankle injury on 4/4/11 when she kicked the ball and her foot struck a tree root, badly bruising her right great toe and causing right foot and ankle pain. A right ankle MRI on 7/13/13 showed two small fluid collections, one anterior to the lateral malleolus and the other over the dorsum of the foot by the base of the first metatarsal. There was no evidence of subcutaneous edema, marrow edema, or fracture. The mortise was intact. Records document 9 physical therapy visits were prescribed 6/14/13 but there is no evidence of patient response or whether this included active therapies. The 11/22/13 treating physician report cited subjective complaints of constant severe right ankle pain and disability impeding ambulation. Exam findings documented loss of eversion and inversion with global 4/5 strength and mild pain. Lateral malleolus and anterior capsular tenderness was noted with effusion, edema and swelling. The diagnosis was right ankle sprain/strain with enthesopathy. The patient remained at full duty status as a pre-school teacher. A request for right ankle diagnostic arthroscopy with debridement and any repairs and pre-operative clearance is under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

right ankle diagnostic arthroscopy with debridement and any repairs: 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), Diagnostic arthroscopy

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, Diagnostic Arthroscopy

Decision rationale: The request under consideration is for right ankle diagnostic arthroscopy with debridement and any repairs and pre-operative clearance. California MTUS guidelines are silent with regard to the requested procedure. The Official Disability Guidelines recommend diagnostic arthroscopy for articular assessment after ankle fracture or sprain and for symptomatic patients with ligamentous or chondral pathology. Edema is cited as a relative contraindication. Guidelines state that the role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and cite relatively poor surgical outcomes associated with this procedure. MRI exam showed no surgical pathology. There are no exam findings of instability, but edema is noted. There is no documentation that recent comprehensive conservative treatment has been tried and failed. Given the failure to meet guideline criteria, the request for a right ankle diagnostic arthroscopy with debridement and any repairs is not medically necessary.

pre-op medical clearance: 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), Diagnostic arthroscopy

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, Diagnostic Arthroscopy

Decision rationale: As the right ankle arthroscopy with debridement and any repairs is not medically necessary, the request for pre-operative clearance is also not necessary.