

Case Number:	CM13-0070380		
Date Assigned:	01/03/2014	Date of Injury:	11/06/2012
Decision Date:	05/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pennsylvania. 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 a 35-year-old gentleman who was injured in a work related accident on 11/06/12 sustaining an injury to the right ankle. The clinical records provided for review specific to the claimant's right ankle include an MRI report of 11/27/12 that showed a mild effusion with increased signal over the posterior talofibular and anterior talofibular ligament. The ligaments were noted to be intact and there was no evidence of acute fracture or dislocation. The records indicate that on 05/14/13 the claimant underwent a right ankle arthroscopy with debridement and synovectomy for a diagnosis of anterior synovial impingement. Postoperative course of care included physical therapy, immobilization, medication management, and activity restrictions. A follow up report of 11/05/13 noted continued complaints of pain noted worse since the surgical process. Repeat imaging is not noted. Physical examination demonstrated tenderness to palpation with mild swelling anteriorly with previous arthroscopic portal sites. The calf and thigh were both soft and nontender. The claimant's working diagnosis was right ankle strain with impingement status post 05/14/13 debridement with recurrent impingement. A repeat arthroscopic debridement and synovectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANKLE ARTHROSCOPY/SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Clinical Protocol.

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Arthroscopy.

Decision rationale: Based upon the California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for repeat ankle arthroscopy would not be indicated. The claimant had undergone and failed a May 2013 ankle arthroscopy for a diagnosis of "impingement." According to the medical records, the symptoms have not changed. There is no postoperative imaging for review. The lack of demonstrated benefits with the initial procedure of the same request in May 2013 would not support a second procedure for the same request without documentation of a change in the claimant's anatomy or clinical presentation.