

Case Number:	CM14-0001598		
Date Assigned:	01/22/2014	Date of Injury:	04/01/2011
Decision Date:	05/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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:

This is a 49-year-old gentleman who sustained an injury to the left ankle on November 1, 2011. The report of a November 12, 2013 MRI scan of the left ankle showed subtle edema within the anterior talus with no ligamentous injury or further pathology noted. The follow-up report of November 15, 2013 documented continued complaints of pain in the left ankle and the recent MRI scan was reviewed. The claimant was diagnosed at that time with a calcaneal fracture with good position of subtalar joint despite the presence of moderate ankle subtalar arthritis. Documentation indicated that the claimant had failed conservative measures since the injury and the recommendation for ankle arthroscopy with debridement was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE EXPLORATION AND DEBRIDEMENT SURGERY: Upheld

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

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

Decision rationale: The California MTUS and ACOEM Guidelines do not address the proposed surgery. Based upon the Official Disability Guidelines, the request for exploration and debridement of the ankle would not be indicated. The claimant's imaging, current clinical presentation, and diagnosis does not support the need for ankle arthroscopy, exploration, or debridement. The surgical request at this stage in the claimant's chronic course of care since injury would not be indicated.

UNKNOWN POSTSURGICAL ORTHOTIC DEVICE: 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.