

<b>Case Number:</b>	CM14-0004758		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for ankle pain associated with an industrial injury date of June 15, 2013. Treatment to date has included medications, CAM boot immobilization, physical therapy, and corticosteroid injection therapy. Medical records from 2013 were reviewed, which showed that the patient complained of pain about the anterolateral aspect of the ankle joint accompanied by swelling. On physical examination, there was tenderness and edema over the area of the lateral gutter but no instability was noted. MRI of the left ankle dated August 22, 2013 revealed unremarkable results but the requesting physician's review of the MRI showed a possible partial sprain of the calcaneal fibular ligament of the left ankle with some effusion present. Utilization review from December 26, 2013 denied the request for outpatient left arthroscopy, synovectomy, and debridement of the ankle joint because there was no instability noted on examination and the diagnostic findings available were mostly unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT LEFT ANKLE ARTHROSCOPY, SYNOVECTOMY, AND DEBRIDEMENT OF THE ANKLE JOINT: 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) Ankle Arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Surgery For Ankle Sprains.

**Decision rationale:** CA MTUS states that surgical consultation/intervention may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that surgery for ankle sprains are recommended for grade III sprains, which is defined as complete tear or rupture of a ligament/muscle/tendon. In addition, surgery for chronic ankle sprain may be deemed medically necessary when all of the following criteria are met: trial of conservative care; subjective findings of ankle instability; objective findings of positive anterior drawer sign; and imaging findings that support the diagnosis. In this case, a request for surgical arthroscopy with synovectomy and debridement of the ankle joint was made for treatment of left ankle sprain. However, physical findings revealed no instability. Furthermore, MRI findings only showed a possible partial sprain. Stress views were not obtained. The criteria were not met; therefore, the request for outpatient left ankle arthroscopy, synovectomy, and debridement of the ankle joint is not medically necessary.