

Case Number:	CM14-0008136		
Date Assigned:	02/12/2014	Date of Injury:	04/15/2009
Decision Date:	08/14/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 a 63-year-old gentleman injured in an April 15, 2009, work-related accident. Records specific to the patient's right foot and ankle document the injury due to cumulative trauma. A June 19, 2013, CT scan is referenced by the treating provider as showing severe arthrosis of the ankle with tenosynovitis to the peroneus longus and brevis. A January 23, 2014, physical examination showed localized pain over the ankle and sinus tarsi with an effusion, negative anterior and posterior Drawer testing, and no pain with full range of motion. In a March 4, 2014, follow-up report, the patient is noted to have a diagnosis of internal derangement of the ankle joint and subtalar joint. Continued complaints of pain despite conservative care are described. Physical examination findings state that symptoms are unchanged from the prior assessment. Other than reference to the 2013 CT scan, no documentation of formal imaging is provided. This request is for ankle arthroscopy and subtalar arthrotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANKLE ARTHROSCOPY: 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), TREATMENT INDEX, 11 TH EDITION (WEB), 2013, ANKLE & FOOT (ANKLE & CHRONIC), ARTHROSCOPY.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), Chapter 14 Ankle and Foot Complaints, page 377 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure – Arthroscopy.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, ankle arthroscopy would not be indicated. Ankle arthroscopy is indicated for the treatment of impingement and osteochondral lesions. The records in this case indicate diffuse degenerative arthritis. Therefore, this request would not be supported as medically necessary.

SUBTALAR ARTHROTOMY: 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): 374.

Decision rationale: California MTUS ACOEM Guidelines would not support subtalar arthrotomy in this case. ACOEM Guidelines recommend ankle surgery when there is clinical presentation and imaging evidence that show the presence of a lesion known to benefit both short- and long-term from surgery. The claimant's diagnosis of diffuse, degenerative arthritis would not support the role of an open arthrotomy. Therefore, the request for this portion of the proposed procedure would also not be indicated as medically necessary.