

Case Number:	CM14-0110683		
Date Assigned:	09/16/2014	Date of Injury:	05/25/2012
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Podiatric 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 59-year-old female with a 05/25/2012 date of injury. A specific mechanism of injury was not described. 6/19/14 determination was non-certified given no documentation of a physical examination of the foot or ankle a no documentation of the treatments attempted in the past. In addition, to no documentation of imaging studies. 5/13/14 follow-up report by [REDACTED] revealed left foot pain. There was improvement with an injection that had worn off. The pain was described as burning, shooting, and radiating pain. The pain is rated from 3-7/10. The patient stated that keeping her leg in the same position for a prolonged period of time causes a pain as it its "locking" into position. The proposed procedure included an arthroscopy to the left ankle joint and arthrotomy of the subtalar joint with synovectomy of the sinus tarsi. Exam of the ankle revealed no change from 4 weeks prior. The pain was isolated to the left ankle and subtalar joint. The patient had nerve pain related to the peroneal and posterior tibial nerves. The provider felt that this pain would resolve with correction of the orthopedic joint pain. The neuritic pain identified was completely resolved with the diagnostic injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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) ODG Foot and Ankle Chapter Diagnostic Arthroscopy

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. In addition, ODG states that surgical indications for arthroscopy of the ankle and subtalar joints include chronic pain, swelling, buckling, and/or locking that fails conservative treatment. The patient had chronic pain with temporary improvement after cortisone injections. In addition, the patient's pain was localized only to the subtalar joint. It should be noted that the prior determination was denied given absent documentation of an ankle examination or an indication for surgery. In the context of this review additional documentation was provided that comply with guidelines recommendations for the proposed surgical procedure. The medical necessity was substantiated.