

<b>Case Number:</b>	CM14-0113434		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 52 year old female who reported an injury to her right ankle. A clinical note dated 02/12/14 indicated the injured worker showing tenderness to palpation at the right ankle. The injured worker utilized Norco for ongoing pain relief. A clinical note dated 02/19/14 indicated the initial injury occurred after a fall on to the right side. The injured worker reported right knee, hip, and ankle pain. A clinical note dated 03/03/14 indicated the injured worker rating her pain 4-5/10 on the visual analog scale (VAS). Pain radiated to the posterior ankle and foot with swelling, numbness, and tingling. The ankle foot gave out causing her to lose her balance. Pain was exacerbated with flexion/extension and rotation of the ankle and foot. Locking of the ankle was identified. X-rays of the right ankle on 02/12/14 revealed soft tissue swelling with no fracture. The alignment of the ankle normal. Calcification was identified at the plantar to distal calcaneus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ankle scope/tolar dome debridement v/s Oats/repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ankle and foot conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Osteochondral autologous transfer system (OATS).

**Decision rationale:** The injured worker continues with complaints of right ankle pain with a giving out sensation. An Osteochondral Autologous Transfer System (OATS) procedure at the ankle is currently not recommend as no high quality studies have been published in peer reviewed literature specifically at the ankle, supporting the safety and efficacy of the procedure. Without supporting evidence in place, the proposed treatment is considered not medically necessary.