MAXIMUS Federal Services

Case Number:	CM14-0133793		
Date Assigned:	09/12/2014	Date of Injury:	10/31/2011
Decision Date:	10/21/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 30 year old female who had a work-related injury on 10/31/11. The mechanism of injury was reported as slip and fall twisting her right ankle. Treatment has included crutches, medication, modified duty, ankle support, physical therapy, and injections without any significant relief of symptoms. Medical record dated 06/30/14 the injured worker presents for an incision of surgery. She demonstrates no interval improvement. She continues to have severe symptoms regarding the right ankle. The injection provided to the right ankle on the last evaluation did not help her at all. She continues to have significant pain with ambulation. Physical examination revealed dorsalis pedis and posterior tibial pulses are 2+ and palpable bilaterally; capillary fill time is immediate in digits 1 - 5 bilaterally; skin temperature is warm to all digits bilaterally; no varicosities are identified; no rubor or cyanosis are identified. She has continuation of significant pain regarding the right ankle. She has pain in the lateral collateral ligament. Pain to range of motion continues to persist. She has instability and continues to wear ankle brace on the right side. She has difficulty with weight bearing overall. She has not shown any interval improvement. She cannot perform toe walking, toe standing, squatting, crouching, single weight bearing, heel walking, and heel standing. With shoe gear, she is somewhat better. Without the shoe gear, she is severely worse. She has difficulty with prolonged ambulation. She demonstrates positive anterior drawer sign and positive talar dome sign. She has pain within range of motion and dorsi flexor and plantar flexion. Flexion on the right and left is 30 degrees. Extension on the right is 35 degrees, left is 50 degrees. Inversion on the right is 50 degrees, on the left is 25 degrees, eversion on the right is 10 degrees, and 15 degrees on the left. MRI confirms tears of the lateral collateral ligaments and osteochondritis dissecans. There was a previous injury in 2012. Sprain/strain of the ankle. Prior utilization review on 08/04/14 was denied because of lack of evidence from the MRI from 2013. MRI dated 08/27/14 reveals there

appears to be a 3mm osteochondral defect involving the lateral talar dome. There is remote sprain of the anterior talar fibular ligament. Mild osteoarthritic changes to the posterior subtalar joint as well as talar navicular joint. There are also mild arthritic changes of the tibiotalar joint. There is no fracture or dislocation. MRI of the right heel dated 09/02/14 without contrast reveals an osteochondral defect involving the lateral talar dome. There are mild osteoarthritic changes of the posterior subtalar joint and talar navicular joint. Request is for arthroscopic surgery with osteochondral drilling of the right ankle, postoperative physical therapy 3 times a week for 4 weeks on the right ankle, CAM walker purchase, knee walker purchase, hot and cold therapy unit times 30 days, and IF unit for 30 days and a shower boot purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery with osteochondral drilling of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cuttica DJ, Shockley JA, Hyer CF, Berlet GC. Correlation of MRI edema and clinical outcomes following microfracture of osteochondral lesions of the talus. Foot Ankle Spec. 2011 Oct;4(5):274-9. Epub 2011 Sep 16

Decision rationale: The request for Arthroscopic surgery with osteochondral drilling of the right ankle is not medically necessary. There has been no documentation of diagnostic blocks. The lesion is very small 3mm. As such, medical necessity has not been established.

Post-operative physical therapy three times a week for four weeks for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Enthesopathy of ankle and tarsus Page(s): 13.

Decision rationale: The request for post-operative physical therapy three times a week for four weeks for the right ankle is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Cam walker, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for Cam walker purchase is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Knee walker, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, walking aids

Decision rationale: The request for Knee walker purchase is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Hot/cold therapy unit for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Foot and ankle chapter, Continuous-flow cryotherapy

Decision rationale: The request for Hot/cold therapy unit for 30 days is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

IF unit for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-116.

Decision rationale: The request for Interferential unit for 30 days is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

Shower boot, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.allegromedical.com/personal-care-c532/cast-accessories-c3703.html

Decision rationale: The request for the shower boot is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.