

Case Number:	CM14-0137606		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2013
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Pennsylvania. 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 claimant is a 24-year-old gentleman who injured his left ankle on June 21, 2013. The clinical records provided for review described that the claimant slipped and fell backwards resulting in initially left knee complaints but subsequently experienced left ankle pain. The report of a March 21, 2014 MRI of the left ankle showed a small joint effusion at the subtalar joint with prior hardware in the medial malleolus, tenosynovitis to the posterior tibial tendon, and flexor hallucis longus. The report of an office visit dated July 24, 2014 described continued ankle complaints despite conservative care. Physical examination showed increased tenderness over the lateral ligamentous complex. There was tenderness noted also over the medial malleolus, an area of prior hardware. The claimant's gait was antalgic. There was full range of motion and no documentation of instability. The claimant was diagnosed with chronic ankle sprain. Based on failed conservative measures, an intraarticular corticosteroid injection of the ankle was recommended for therapeutic purposes. This review is for Left Ankle Arthroscopy with removal of painful hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery, Left 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, Ankle and Foot

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) Treatment in Worker's Comp, 18th Edition, and Ankle Procedure - Arthroscopy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for Left Ankle Arthroscopy would not be indicated. ACOEM Guidelines recommend surgery of the ankle in the presence of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The medical records do not identify a clinical diagnosis that would require an ankle arthroscopic procedure. There is no documentation through imaging or examination of a chondral deficit or indication of impingement. The Official Disability Guidelines recommend arthroscopy as treatment in the setting of ankle impingement or osteochondral lesions. Without documentation of the above, the acute role of a surgical process for this individual's ankle based on painful medial hardware and inflammatory changes to the tendon would not be indicated.