

Case Number:	CM14-0140621		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2013
Decision Date:	11/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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:

44 year old male claimant with an industrial injury dated 02/20/13. MRI of the right ankle dated 07/15/14 reveals a healed fracture of distal tibia. The patient is status post a corticosteroid injection in which did provide significant pain relief to the lateral gutter. Exam note 08/08/14 states the patient returns with right ankle pain. The patient explains that he has persistent pain along the lateral side of the right ankle and pain in the posterior portion of calcaneus with radiation to the lateral area of the right leg. Upon physical exam the patient demonstrated lateral ankle instability with the anterior drawer test, minimal edema to the right gutter. The patient uses a brace to aid in full mobility. Treatment includes a right ankle arthroscopy, and right ankle repair torn ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

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, Ankle arthroscopy

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case there is no evidence in the cited records from MRI of the right ankle dated 07/15/14 of significant pathology to warrant surgical care. Therefore the determination is for non-certification.

Right ankle torn ligament: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

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, ankle arthroscopy

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case there is no evidence in the cited records from MRI of the right ankle dated 07/15/14 of significant pathology to warrant a repair of a torn ankle ligament. Therefore the determination is for non-certification.