

Case Number:	CM14-0151285		
Date Assigned:	09/19/2014	Date of Injury:	01/16/2013
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Orthopaedic 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 37-year-old male landscape engineer sustained an industrial injury on 1/16/13. A crush injury was documented with a left trimalleolar fracture and underwent an open reduction and internal fixation. The patient lost his footing and twisted his ankle on 9/29/13. X-rays documented a transverse fracture of the medial malleolus and mild medial displacement of the distal fracture fragment. The patient had severe pain and limited motion. Records indicated a reduction in pain levels with medications, bracing, and physical therapy. The 6/25/14 treating physician report indicated that the patient had completed 12 physical therapy visits and found it somewhat helpful and was doing a home exercise program. The patient had been working full time, seated only, but work was no longer available. The patient was to complete the last 4 sessions of physical therapy and continue with bracing. Arthroscopic debridement of arthrofibrosis would be considered should symptoms merit. The 7/30/14 treating physician report cited very minimal intermittent pain along the medial ankle. He was wearing a Ritchie brace that helped with stability. Continued difficulty was reported with range of motion. The patient was unable to squat without raising his left heel and used a cane to walk uphill. Physical exam documented painful limited left ankle range of motion, intact sensation to the feet and ankle, negative Tinel's, and normal vascular exam. Left ankle x-rays demonstrated anterior osteophytes limiting ankle dorsiflexion. The diagnosis was left trimalleolar closed fracture and tibialis tendonitis. Non-operative measures had not given lasting relief and there was persistent pain. The patient had exhausted conservative measures including bracing and 16 sessions of physical therapy. Authorization was requested for left ankle arthroscopic debridement of scarring and osteophyte formation in an attempt to improve his ankle joint range of motion and his ability to squat. The 9/4/14 utilization review denied the request for ankle surgery as there was no

documentation of injection and it was unclear if this surgery would significantly improve the patient's function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopic debridement of scarring and osteophyte formation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated 07/29/14) and <http://www.ncbi.nlm.nih.gov/pubmed/10582846>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Knee and Leg, Arthroscopy

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require 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 Official Disability Guidelines state, there exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. 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. Guideline criteria have been met. This patient presents with subjective, clinical and imaging evidence of an ankle impingement. Evidence of at least 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request of Left ankle arthroscopic debridement of scarring and osteophyte formation is medically necessary and appropriate.