

<b>Case Number:</b>	CM14-0166329		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 41-year-old female claimant with an industrial injury dated 10/09/13. The patient is status post a left knee surgery. Exam note 05/13/14 states the patient returns with low back pain that is radiating to the right leg and right ankle. The patient explains a burning sensation in her right ankle. She explains that the pain disrupts her daily activities and rates the pain a 7/10. The patient has difficulty sitting for great periods of time and prolonged walking. Current medications include Naproxen, and Tramadol. Upon physical exam the patient wears a back brace and ankle brace. There were no obvious deformities of skin discoloration. The patient had positive tenderness and moderate trapezial spasm noted bilaterally. The patient completed a negative compression test. Range of motion of the cervical spine was decreased. Sensation was normal with normal motor strength noted. There was some altered sensation and pain along the medial aspect at the medial malleolus region. The patient also has pain with eversion along the medial aspect. The anterior drawer test was negative and range of motion of the right ankle was normal. Diagnosis is noted as lumbar sprain/strain, lumbar radiculopathy involving the right lower extremity, right ankle sprain, and cervical sprain/strain. Treatment includes right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic surgery right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (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 5/13/14 of significant pathology to warrant surgical care. Therefore the determination is for non-certification.