

Case Number:	CM14-0169653		
Date Assigned:	10/17/2014	Date of Injury:	11/04/2006
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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:

This 54-year-old female housekeeper sustained an industrial injury on 11/4/06. Injury occurred when she tripped and fell while cleaning a room. Past medical history was positive for morbid obesity (body mass index >44), hypertension, asthma and depression. Past surgical history was positive for left knee arthroscopy with partial meniscectomy and chondroplasty on 1/19/07, right knee synovectomy and chondroplasty on 6/13/11, and left knee arthroscopy with synovectomy, chondroplasty with microfracture of the medial tibial plateau and partial medial and lateral meniscectomies on 3/12/12. The 8/3/12 right ankle MRI impression documented joint distention of the 4th and 5th tarsometatarsal joint with possible subchondral cysts or erosions seen at the 4th tarsometatarsal joint along the dorsal margin. There was a moderate amount of fluid extending posteriorly from the subtalar joint. Correlation was recommended for suspicion of posterior impingement type syndrome and arthritic changes. There was a focal region of subchondral signal alteration at the lateral margin of the talar dome suspicious for osteochondral injury. The 1/22/14 right ankle x-rays documented no acute osseous abnormality. Conservative treatment relative to the right ankle was documented to include activity modification, oral anti-inflammatory medications, topical anti-inflammatory gel, and opioid pain medication. Records documented a request for aquatic therapy and partial certification for a 6-visit trial in April with no indication of attendance. The 7/2/14 medical legal report recommended updated right ankle imaging prior to further treatment recommendation. The 9/22/14 treating physician report cited an increase in right ankle pain for the past 20 days with occasional difficulty moving her right toes. She was using a cane for ambulation. Physical exam documented normal bilateral lower extremity ankle strength, normal muscle tone, and pitting edema. The diagnosis included chronic bilateral ankle and knee pain with severe left knee osteoarthritis. Medications provided on-going pain relief and functional improvement. The 9/23/14 podiatry report cited increased

right ankle pain. Pain was reported grade 4/10 at rest and increased to grade 6-7/10 with any attempted repetitive weight bearing activities. Left ankle pain was reduced with use of an ankle foot orthosis (AFO). Physical exam documented moderate tenderness and 1-2+ edema over the lateral aspect and medial shoulder of the right ankle. There was mild to moderate tenderness over the lateral left ankle in the area of the lateral gutter and anterior talofibular ligament with 1+ edema. Lower extremity strength was normal. She walked with a mild perceptible limp. The stride was shortened on the right side. There was excessive pronation and instability to the midfoot, hindfoot, and ankle throughout the entire stance phase of gait. The diagnosis was status post twisting bilateral ankle injury, bilateral ankle posttraumatic arthrofibrosis, synovitis with lateral impingement lesion, bilateral 2+ anterior instability, and right ankle talar dome osteochondral lesion. The treatment plan requested authorization for right ankle arthroscopic debridement for lateral impingement lesion as well as microfracture of the osteochondral talar dome lesion. She was to continue with the hinged AFO brace on the left side. The 10/9/14 utilization review denied the request for right ankle surgery as there was no radiographic evidence of osseous abnormality or current imaging evidence to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Debridement 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 Ankle Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Arthroscopy, Subtalar 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 have 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 that there does exist fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions. Ankle arthroscopy for ankle instability is supported with only poor-quality evidence. Surgical indications for arthroscopy of the ankle and subtalar joints include chronic pain, swelling, buckling, and/or locking that fails conservative treatment. Guideline criteria have not been met. The most recent x-rays do not evidence an osseous lesion. Imaging is more than 2 years old, and updated imaging has been requested but is not documented. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right ankle and failure has not been submitted. Therefore, this request is not medically necessary.