

Case Number:	CM14-0171105		
Date Assigned:	10/23/2014	Date of Injury:	01/04/2008
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 is a 39-year-old injured worker with a reported industry injury of January 4, 2008. Exam demonstrates the patient's bilaterally pain. There is a history multiple foot and ankle surgeries for fractures. Exam September 3, 2014 demonstrates subjective complaints of right foot pain with persistent pain in the left knee, left ankle and low back. Objective findings demonstrate mild erythema, edema the right distal lower extremity and ankle. Decreased movement is noted on the right. Minimal plantar and dorsiflexion is noted on the right ankle. Tenderness is noted palpation along the medial lateral joint lines left greater than right. Range of motion bilateral shoulders are decreased in all planes of popping and pain behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement of the left ankle with resection of anterior tibial plafond spur causing anterior impingement lesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375, 377.

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, Arthroscopy

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy and debridement with removal of spur impingement. 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 9/3/14 of significant pathology to warrant surgical care. Therefore, the request for Arthroscopic debridement of the left ankle with resection of anterior tibial plafond spur causing anterior impingement lesions is not medically necessary.

Removal of retained hardware of the left 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), Ankle & Foot (acute & chronic)

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, Hardware implant removal

Decision rationale: According to the ODG Ankle and Foot, Hardware implant removal, "Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 9/3/14. Therefore, the request for Removal of retained hardware of the left ankle is not medically necessary.