

<b>Case Number:</b>	CM14-0192136		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgeon and is licensed to practice in Massachusetts, Nebraska and Texas. 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 injured worker is a 68-year-old male who reported an injury on 08/29/2013. The mechanism of injury was not submitted for clinical review. His diagnoses include ankle sprain. Previous treatments included medication, physical therapy and surgery. Diagnostic testing included an MRI of the right knee dated 09/05/2014, which revealed a longitudinal horizontal tear of the body of the lateral meniscus with superiorly displaced flap of the meniscal tissue. On 10/14/2014, it was reported the injured worker complained of pain in the left ankle status post-surgery on 05/29/2014. The physical examination revealed left foot/ankle limited range of motion. There was tenderness to palpation anteriorly with 1+ effusion. The provider requested left ankle arthroscopic arthrodesis with bone graft, bone marrow and neuroplasty, nerve block and intraoperative x-rays. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle arthroscopic arthrodesis w/bone graft, bone marrow and neuroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043-1044. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and 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 & Foot, Fusion (arthrodesis)

**Decision rationale:** The California MTUS Guidelines note surgical consultation may be indicated for those with activity limitations for more than 1 month without signs of functional improvement, failure of an exercise program to increase range of motion and strength of musculature around the ankle and foot, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from a surgical repair. In addition, the Official Disability Guidelines state indications for surgery for ankle fusion include conservative care consisting of immobilization of casting, bracing, shoe modification or other orthotics with anti-inflammatory medications plus subjective findings of aggravation by activity and weight bearing and relieved by Xylocaine injections, objective findings of malalignment and decreased range of motion, imaging studies including positive x-ray confirming presence of loss of articular cartilage or bone deformity, non or malunion of the fracture, positive supportive imaging could include bone scan to confirm localization or MRI or CT. The clinical documentation submitted lacks significant subjective findings of pain which was aggravated by activity and weight bearing. There is lack of documentation indicating the injured worker had undergone Xylocaine injections which provided relief. Additionally, there was lack of documentation significant imaging studies corroborating the diagnosis warranting the medical necessity for the request. Therefore, the request is not medically necessary.

**Nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Injections

**Decision rationale:** The California MTUS Guidelines state injured workers with point tenderness in the area of a heel spur, plantar fasciitis or Morton's neuroma, local injections of lidocaine and cortisone solution are recommended. In addition, the Official Disability Guidelines note injections are not recommended for tendinosis or Morton's neuroma and not recommended for intra-articular corticosteroids. The guidelines note the injections are under study for the heel. Intra-articular corticosteroid is not recommended. Most evidence for the efficacy of intra-articular corticosteroid is confined to the knee with few studies considering the joints of the foot and ankle. The clinical documentation lacks significant subjective and objective findings warranting the medical necessity for the request. Additionally, the request submitted failed to provide the specific site for the injection to be administered. Therefore, the request is not medically necessary.

**intraoperative x rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Radiography

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.