MAXIMUS Federal Services

Case Number:	CM14-0028374		
Date Assigned:	06/16/2014	Date of Injury:	06/21/2009
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 injured worker is a 45-year-old male who reported an injury on 06/21/2009. The mechanism of injury involved a fall. The current diagnosis is chronic left ankle sprain. The only documentation submitted for this review is noted on 12/03/2013. The injured worker was evaluated in the office for an orthopedic examination of the left ankle. Previous conservative treatment includes physical therapy. The injured worker reported persistent left ankle/foot pain with radiation, numbness, and tingling. The injured worker reported an improvement in symptoms with medication. Physical examination revealed tenderness to palpation over the left posterior tibialis tendon, slightly limited range of motion of the left ankle, normal deep tendon reflexes, and intact sensation. It was then determined that the injured worker has reached maximum medical improvement and was issued a 4% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ARTHROSCOPY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Diagnostic Arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. There were no imaging studies provided for this review. The injured worker's physical examination only revealed tenderness to palpation with slightly decreased range of motion. There was no documentation of a significant functional deficit. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

LATERAL LIGAMENT RECONSTRUCTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. There were no imaging studies provided for this review. The injured worker's physical examination only revealed tenderness to palpation with slightly decreased range of motion. There was no documentation of a significant functional deficit. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

MEDICAL CLEARANCE LEFT ANKLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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