

<b>Case Number:</b>	CM14-0031803		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 42-year-old male who reported an injury on 06/18/2012 due to a sports injury. The injured worker reportedly sustained an injury to his right foot and ankle. The injured worker's treatment history included a corticosteroid injection and bracing. The injured worker was evaluated on 02/04/2014 after presenting with right foot and ankle pain. The physical findings included mild swelling around the entire ankle region, no palpable deformity, palpable crepitus or palpable tenderness. It was noted that there was no significant limited range of motion or evidence of laxity. The injured worker's diagnoses included inversion instability of the right ankle, osteoarthritis of the ankle and ankle impingement syndrome. Surgical intervention was recommended. The injured worker underwent an MRI on 09/25/2012 that documented that there was diffuse swelling and mild tenosynovitis of the peroneal tendon and no underlying abnormalities of the metatarsals digit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle arthroscopic chondroplasty resection dorsal talar boss anterior tibial exostosis:**  
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) Ankel and Foot (updated 12/19/13) Arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** The requested right ankle arthroscopic chondroplasty resection dorsal talar boss anterior tibial exostosis is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for the ankle and foot, when there are clear imaging findings supported by physical deficits that interfere with functionality and would benefit both short- and long-term for surgical intervention. The clinical documentation indicated that the injured worker has mild symptoms. There is no documentation of severe deficits or objective findings that would support the need for surgical intervention. Additionally, the imaging study submitted for review does not provide any evidence of significant pathology that would require surgical intervention. As such, the requested right ankle arthroscopic chondroplasty resection dorsal talar boss anterior tibial exostosis is not medically necessary or appropriate.