

Case Number:	CM14-0032182		
Date Assigned:	04/09/2014	Date of Injury:	08/23/2001
Decision Date:	05/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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:

This is a 40-year-old female who was injured on 12/31/12. Specific to the claimant's left ankle, there is noted to be chronic complaints of pain with a MRI scan performed 02/27/13 showing moderate talonavicular joint effusion with soft tissue edema and a bone contusion within the body of the talus. Surgery was undertaken on 07/09/13 in the form of a left ankle arthroscopy, extensive debridement, lateral ligamentous reconstruction and a split peroneal tendon transfer. Postoperatively, the claimant continues to be with complaints of pain. An orthopedic assessment of 01/19/14 indicated continued complaints of ankle pain with a current diagnosis of fibrosis following surgery. It states the claimant has failed postoperative care including physical therapy and an injection, continues to be with pain with inversion and eversion and recommendations were for an ankle arthroscopy for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT ANKLE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 & 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Procedure, Arthroscopy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, an ankle arthroscopy would not be supported. The records indicate the claimant is status post a recent July 2013 ankle arthroscopy for debridement and ligamentous reconstruction. There is no indication of postoperative imaging available for review with documentation of physical exam findings that would support the need for further surgical process. While the claimant continues to be with discomfort, the lack of surgical finding on the claimant's current presentation including imaging and examination would not be supported.

12 POST OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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