

Case Number:	CM14-0034902		
Date Assigned:	07/23/2014	Date of Injury:	08/07/2012
Decision Date:	12/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 37 year old female with an 8/7/12 injury date. She sustained a severe left ankle sprain injury while at work. A 2/4/14 left ankle MRI revealed a small nondisplaced osteochondral fracture at the anterior margin of the distal tibial articular surface, edema within Kager's fat pad, and anterior tibiotalar joint effusion. A previous MRI about six weeks after the injury showed loose bodies in association with effusion and edema. She underwent arthroscopic debridement of the left ankle on 5/28/13 and findings at surgery included synovial hypertrophy, a meniscoid lesion, osteophytosis of the anterior distal tibia and opposing surface of the talus, and chondromalacia of the tibia and talus, all consistent with early degenerative joint disease. Left ankle xrays on 10/23/13 showed slight joint space narrowing and osteophytosis about the ankle joint medially near the tip of the medial malleolus. In a 10/23/13 QME, the provider stated that future medical care should include injections, orthotics or shoe modifications, NSAIDS, and even operative repair or reconstruction. In addition, weight loss of at least 100-150 pounds is mandatory, given the body mass index (BMI) of 46. In a 2/19/14 note, the patient complained of persistent left ankle pain. Objective findings included tenderness over the anterior talofibular ligament, dorsiflexion to 10 degrees, plantar flexion to 25 degrees, inversion to 15 degrees, and eversion to 10 degrees. Diagnostic impression: left ankle internal derangement, early degenerative joint disease. Treatment to date: left ankle arthroscopy, medications, physical therapy. A UR decision on 3/6/14 denied the request for left ankle arthroscopy with excision of osteochondral loose body and chondroplasty because there was limited information as to the patient's prior findings or operative findings as they might relate to any current symptoms or findings, and the actual MRI studies were not provided for review. The requests for cane, labs, EKG, chest x-ray, Nucynta, and post-op physical therapy were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Leg/Ankle/Foot Request for arthroscopy left ankle with excision osteochondral loose body and chondroplasty: Upheld

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

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

Decision rationale: Regarding ankle arthroscopy, CA MTUS states that surgical consultation/intervention may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. However, the QME provider recommended future cortisone injections and orthotics, and there is no evidence that these modalities have been attempted. In addition, there appears to be little chance that a repeat ankle arthroscopy will be of significant benefit, given the presence of degenerative arthritis, BMI of 46, and the lack of benefit provided by the last procedure. Therefore, the request for leg/ankle/foot request for arthroscopy left ankle with excision osteochondral loose body and chondroplasty is not medically necessary.

Cane: Overturned

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 Official Disability Guidelines (ODG): Knee Chapter--Walking aids.

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Given the diagnosis of ankle arthritis, this patient would benefit from a cane, regardless of the course of future treatment. Therefore, the request for cane is medically necessary.

Labs of CBC, CMP, PT, PTT urinalysis: 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.

EKG: 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.

Chest X-ray: 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.

Nucynta 50 mg Quantity 30: 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.

Post Operative Physical therapy for 12 sessions: 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.