

Case Number:	CM14-0035504		
Date Assigned:	07/16/2014	Date of Injury:	08/27/2004
Decision Date:	09/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/22/2014

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 claimant is a 61-year-old female who was injured in a work related accident on August 27, 2004. The medical records provided for review include the report of clinical assessment dated June 6, 2014, noting ongoing, chronic complaints of pain in the ankle. Physical examination of the left ankle described it as "unstable" with painful range of motion. There was no documentation of weakness or mechanical symptoms noted. The claimant's working diagnosis was ankle instability and the recommendation was made for arthroscopy. The documentation also noted that the claimant had been unable to have to have a knee surgery at the time due to her "cardiac history". The medical records did not contain any imaging reports of the claimant's ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopy: 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): 374.

Decision rationale: Based on California ACOEM Guidelines, the request for left ankle arthroscopy cannot be recommended as medically necessary. The ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair when considering surgery. The ACOEM Guidelines also recommend activity limitations for more than one month to determine functional improvement and failure of exercise programs to increase range of motion and strength. While the documentation states that the claimant has "instability" of the ankle, there is no documentation of formal imaging or indication of recent conservative measures that have been utilized for the ankle symptoms. Therefore, the request for left ankle arthroscopy based on only subjective complaints cannot be recommended as 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.

Preoperative labs: 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.

Preoperative clearance: 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.