

<b>Case Number:</b>	CM14-0043062		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Occupational Medicine 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 38-year-old male with a 9/7/12 date of injury, when a cart full of metal parts fell on top of his feet. The patient underwent left ankle surgery on 2/28/13. The radiographs of the left ankle dated 10/22/13 (the radiology report was not available for the review) revealed talar dome lesion of the medial shoulder. The MRI of the left ankle dated 1/2/14 revealed 1.5 cm area of decreased signal intensity in the proximal talus, most consistent with a non-displaced osteochondral fracture and mild osteochondral lesion. The progress notes indicated that authorization for a left talus repair was certified. The patient was seen on 2/11/14 with complaints of pain in the left foot. Exam findings of the left foot revealed pain to palpation in the medial gutter and normal strength and tone of the left ankle. The dorsiflexion of the left ankle was 0 degrees and there was pain with motion. The DTRs were 2+ in the bilateral lower extremities and sensation was intact in both lower extremities. The diagnosis is ankle sprain, osteochondral defect of ankle and ankle pain. Treatment to date: left ankle surgery, work restrictions, splinting, Aircast dressing, steroid injections, PT, acupuncture, crutches, ortho boot, ice, medications and home exercise program. An adverse determination was received on 3/11/14 given that the guidelines did not support OATS procedure for the ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Antrex Oats Kit with Fresh Talus Allograft and Small Fragment Screw Set: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14 - 6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints; Clinical Measure; Surgical considerations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter: Osteochondral autograft transplant system (OATS)

**Decision rationale:** CA MTUS does not address Antrex Oats kit. ODG states that Osteochondral autologous transfer system (OATS) is not recommended in the ankle. While osteochondral autografting has been principally performed on the knee, the OATS technique may have promise in the ankle. Although the OATS procedure is generally reserved for salvage of failed debridement and drilling in the ankle, it may have applications in primary surgical management, but long-term outcome of the OATS procedure is not yet available. Further sufficiently powered, randomized clinical trials with uniform methodology and validated outcome measures should be initiated to compare the outcome of osteochondral transplantation (OATS). However the patient was authorized for the left ankle surgery, the guidelines do not support the OATS procedure in the ankle. Therefore, the request for Antrex Oats Kit with Fresh Talus Allograft and Small Fragment Screw Set is not medically necessary.