

Case Number:	CM14-0069046		
Date Assigned:	07/14/2014	Date of Injury:	07/25/2011
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 48-year-old male who sustained a vocational injury on 07/25/11. The medical records provided for review document that the claimant had a past surgical history of a malleolar osteotomy with debridement and microfracture in 2001, arthroscopic debridement and microfracture in 2002, and most recently, lateral ligament stabilization with microfracture with allograft on 07/26/13. The office note dated 04/22/14 noted continued left ankle pain with a sensation of popping and feeling of ankle instability. Physical examination was documented as consistent with the previously documented findings. Physical examination on 03/06/14 documented minimal effusion and range of motion demonstrated dorsiflexion to 10 degrees and plantar flexion to 25 degrees. The report of x-rays performed on 04/17/13 showed no evidence of acute fracture or arthrosis in the left ankle. There is mild soft tissue swelling and small ankle joint effusion. The report of an MRI of the left ankle dated 01/15/14 showed that since the prior evaluation there had been repair of the chronic tear of the anterior tibiofibular ligament with widening of the anterior tibiotalar and tibiofibular space no longer present at that location. Postoperative susceptibility artifact was present. The osteochondral injury of the lateral talar dome showed resolution of the chondral cyst formation with articular surface irregularity with no collapse of bone of the lateral talar dome and slight irregularity of the adjacent tibial plafond. The articular cartilage in this region was probably slightly irregular and thin. These findings suggested early changes of posttraumatic arthrosis. There was subtle hyperintense off vertical track in the medial malleolus consistent with old fracture track. The medial deltoid ligament complex appeared intact. There was no tendon disruption or subluxation noted or tendonitis. Conservative treatment to date had included physical therapy in 2011, Neurontin, Relafen, Norco, and a CAM boot. The current request is for left ankle arthroscopy and left talus microfracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy and Left talus Microfracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Foot & Ankle chapter and Knee & Leg chapter: Arthroscopy.

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention in the foot and ankle setting; there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines in regards to arthroscopy note that arthroscopy and subtalar arthroscopy are recommended as a reasonable option for treatment in the setting of synovitis, degenerative joint disease, subtalar dysfunction, chondromalacia, nonunion of os trigonum, arthrofibrosis, loose bodies, and osteochondral lesions of the talus. Microfracture surgery has been specifically referenced from the ODG knee and leg chapter and notes that prior to considering surgical intervention claimants should have failed conservative treatment to include medication or physical therapy with a minimum of two months of treatment and be noted to have joint pain and swelling. In addition, there should be documentation of a small, full thickness chondral defect on the weightbearing portion of the load-bearing bones. Documentation presented for review suggests that the claimant has had three previous procedures to the left ankle over the past three years to include three microfracture procedures of varying specificity. These previous microfracture procedures have failed to provide any significant short or long-term meaningful relief and the medical necessity of an additional fourth left ankle procedure to include microfracture surgery is not clearly understood. In addition, there is no documentation suggesting the claimant has attempted, failed, and exhausted a recent course of conservative treatment to include antiinflammatories, activity modification, home exercise program, and formal physical therapy along with considering a diagnostic and therapeutic steroid injection. There is also no recent diagnostic study confirming full thickness chondral loss suggesting that microfracture may be a reasonable procedure at this time. Therefore, based on the documentation presented for review and in accordance with ACOEM and the Official Disability Guidelines, the request for the left ankle arthroscopy and left talus microfracture cannot be considered medically necessary.