MAXIMUS Federal Services

Case Number:	CM14-0077146		
Date Assigned:	07/18/2014	Date of Injury:	04/29/2013
Decision Date:	08/15/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/27/2014

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 Surgeon 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 injured worker is a 33-year-old male who reported an injury on 04/29/2013. The mechanism of injury was not specifically stated. The current diagnoses include, right ankle chronic instability, posterior talar fracture fragment, right knee lateral meniscus tear, lumbar herniated nucleus pulposus, first degree spondylolisthesis, anxiety, and insomnia. The injured worker was evaluated on 05/01/2014. The physical examination revealed a limping gait, 3+ soft tissue swelling over the lateral malleolus, tenderness over the lateral aspect of the right ankle, and limited range of motion. The treatment recommendations included a diagnostic arthroscopy for the right knee, a diagnostic arthroscopy for the right ankle, and prescriptions for ketoprofen, gabapentin and Tramadol topical cream. It is noted that the injured worker underwent an MRI of the right ankle on 04/14/2014, which indicated diffuse marrow edema, a 5 mm cyst posterior to the talus, and fluid in the ankle joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the right ankle with ligament reconstruction of ligament tightening: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month without signs of improvement, failure of exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted for this review, the injured worker continues to present with persistent symptoms, following the work related injury over one year ago. The physical examination does reveal a limping gait, 3+ soft tissue swelling over the lateral malleolus, tenderness, and limited range of motion. Given the persistent symptoms, positive examination findings, and positive MRI findings, the request can be determined as medically appropriate in this case. As such, the request is medically necessary.