

Case Number:	CM14-0081473		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2012
Decision Date:	08/25/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 50-year-old male who reported an injury on 10/01/2012. The mechanism of injury was not stated. The current diagnosis is ankle arthritis. The injured worker was evaluated on 01/16/2014 with complaints of right ankle pain. Physical examination on that date revealed an antalgic gait, tenderness to palpation, 10 degree dorsiflexion, 30 degree plantar flexion and decreased strength in the right ankle/foot. The patient was administered an injection of lidocaine and methylprednisolone into the right ankle joint on that date. Treatment recommendations at that time included hardware removal, manipulation under anesthesia and posterior scar ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines state a referral for surgical consultation may

be indicated for patients who have activity limitation 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, there was no evidence of an exhaustion of conservative treatment. There were also no imaging studies provided for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary and appropriate.

Hardware Removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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-op PT X 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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.