

Case Number:	CM14-0085622		
Date Assigned:	07/23/2014	Date of Injury:	08/18/2013
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 injured worker is a 34-year-old female who reported an injury on 08/18/2013. The injured worker's treatment history included physical therapy and a corticosteroid injection. The injured worker underwent an x-ray on 12/30/2013 of the right ankle that concluded there was no evidence of acute fracture or dislocation. The injured worker underwent an MRI on 12/30/2013 that documented there was a ganglion cyst seen anterior to the talocrural joint and synovitis but no ligamentous or tendinous injury. The injured worker was evaluated on 05/16/2014. It was documented that the injured worker had not had long-term improvement from a corticosteroid injection. It was noted that the injured worker complains of persistent chronic right ankle pain. Physical findings included 5/5 motor strength with full range of motion. There was significant tenderness to palpation of the anterior calf. The injured worker's diagnoses included right ankle sprain with anterior capsulitis. A request was made for surgical intervention to include a right ankle arthroscopy for diagnostic purposes.

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: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Diagnostic Arthroscopy.

Decision rationale: The requested arthroscopy of the right ankle is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have persistent clinical examination findings recalcitrant to conservative therapy that are consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints. However, the significant physical deficits related to the injury are not provided. Additionally, the imaging study provided for review does not identify any pathology to support the need for surgical intervention. Official Disability Guidelines do recommend diagnostic arthroscopy for injured workers with physical exam findings inconsistent with imaging studies; however, the request as it is submitted does not clearly identify whether the requested surgical intervention is for diagnostic or treatment purposes. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested arthroscopy of the right ankle is not medically necessary or appropriate.

Pre-Op Medical Clearance: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.