

Case Number:	CM14-0087459		
Date Assigned:	07/23/2014	Date of Injury:	10/31/2013
Decision Date:	09/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 28-year-old female who sustained a vocational injury on 10/31/13. The claimant's current working diagnosis includes contracture of a tendon sheath bilaterally, left ankle sprain with anterior impingement, bilateral severe Achilles contracture, left Achilles tendinitis. The office note dated 05/28/14 documented that a previous injection of the left ankle provided three days of good relief and the claimant was able to perform exercises without anterior ankle pain. Examination revealed no swelling, full range of motion and full strength in all major muscle groups, pain at the extreme of dorsiflexion, plantar flexion, inversion and eversion, and tightness at the Achilles. Conservative treatment to date includes a CAM walker and formal physical therapy as well as an intra-articular ankle injection. This request is for arthroscopic evaluation and debridement of an ankle joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic evaluation and debridement of the ankle joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation second edition Occupation Medicine Practice Guidelines and Reed Group: the Medical Disability Advisor and Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition) and Disability Duration Guidelines 9th Edition/Work Loss Data Institute.

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 and Ankle chapter: Arthroscopy.

Decision rationale: California MTUS ACOEM Guidelines and the Official Disability Guidelines do not recommend arthroscopic evaluation and debridement of the ankle joint. California ACOEM Guidelines recommend that there should be clear clinical and imaging evidence of a lesion has been shown to benefit in both the short and long term from surgical intervention. Documentation fails to establish that there is plain radiographs or an additional diagnostic study confirmed pathology, which may be amenable to surgical intervention and subsequently the request of the arthroscopic evaluation and dbridement of the ankle joint cannot be considered medically necessary.

Norco 10/325mg #60 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 75, 91, 124.

Decision rationale: The request for surgery is not recommended as medically necessary. Therefore, the request for Norco 10/325 dispensed #60 times one refill, is also not medically necessary. In addition, documentation fails to establish that the claimant has failed to respond to traditional first-line conservative treatment options such as Tylenol, rest, ice, and antiinflammatories prior to considering or recommending narcotic medication. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for Norco 10/325 dispensed #60 with one refill cannot be considered medically necessary.