

<b>Case Number:</b>	CM14-0088959		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Montana. 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 37 year old female who sustained an industrial injury to the right ankle on 11/10/08 when she twisted the ankle. It was determined that an osteochondral injury of the talus and lateral ankle sprain occurred. She underwent a lateral ligamentous reconstruction of the ankle and an osteochondral autologous transfer to the talus on 10/6/09 after failure of nonoperative treatment. The injured worker has had persistent right ankle pain postoperatively despite the use of physical therapy (PT), bracing, medications, and activity modification. When evaluated on 3/25/14, she reported escalating right ankle pain and catching. She had good range of motion (ROM) of the right ankle with no evidence of ligamentous laxity. As plain films demonstrated an osteochondral defect of the right talus, a magnetic resonance imaging (MRI) scan was recommended. The magnetic resonance imaging scan of the right ankle demonstrated an osteochondral defect of the talus with subchondral cysts without collapse according to chart notes from 4/29/14, but the formal magnetic resonance imaging report was not provided. There is no documentation of recent conservative treatment. A right ankle arthroscopy with talar curettage and removal of loose bodies has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy surgery right ankle with assistant surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Asst Surgeon According to the American College of Surgeons.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Arthroscopy.

**Decision rationale:** The MTUS guidelines do not address ankle arthroscopy. The ACOEM and ODG guideline recommendations are similar. These guidelines recommend arthroscopic debridement to address osteochondral lesions of the talus and to remove loose bodies diagnosed on clinical examination and imaging studies including plain films and magnetic resonance imaging after failure of conservative treatment. There is no documentation of formal radiologic reports for the plain films and magnetic resonance imaging of the right ankle and no documentation of recent conservative treatment. Based on a lack of documentation of the formal radiologic findings and completion of a recent course of conservative treatment, the request right ankle arthroscopy cannot be recommended for certification. As the arthroscopic procedure cannot be recommended, the request for the assistant surgeon is moot and also cannot be recommended for certification.