

Case Number:	CM14-0098639		
Date Assigned:	08/08/2014	Date of Injury:	12/30/2013
Decision Date:	09/11/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopaedic 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 54-year-old female janitor sustained an industrial injury on 12/30/13. Injury occurred when she slipped while mopping a floor. The 2/15/14 left ankle MRI revealed mild distal achilles tendinosis. There was no fracture or dislocation. The 2/15/14 left foot MRI was reported normal. The 4/14/14 treating physician report indicated the patient's symptoms were unchanged for several months despite physical therapy and acupuncture. There was pain and tenderness over the anterior ankle. She was wearing a brace and taking anti-inflammatory medication. Physical exam documented mild tenderness over the anterior ankle, slight swelling, painful toe stand, and antalgic gait. The patient was to continue home exercise and medications. The 5/16/14 progress report cited increased left lower extremity pain with standing, walking, running, uneven ground, going up or down stairs, squatting, and shoe wear. Pain was decreased with rest and ice. Physical exam documented tenderness along the distal fibula. There was no significant swelling, deformities, instability, subluxation, weakness or atrophy. Range of motion in all planes was full and painless. Left ankle x-rays showed a transverse fracture of the distal fibula. A discussion was noted with the radiologist with no fracture identified on MRI. The treatment plan indicated that after an injury there is synovial tissue in the ankle joint that is painful and not well demonstrated on MRI or plain films. The patient continued to have pain and ankle arthroscopy was requested. The 6/9/14 utilization review denied the request for left ankle surgery as there was poorly described symptoms relative to location of findings. There was no evidence based medical guidelines support for ankle arthroscopy to treat synovitis and fracture and no clear clinical rationale with corresponding physical exam findings to support the medically necessary of this procedure. The 6/9/14 treating physician report indicated the patient was unchanged with pain over the anterior and lateral ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopy, arthrotomy, subtalar arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Ankle & Foot Procedure Summary, 03/26/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375,377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopy.

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines state that there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. Guideline criteria have not been met. Physical exam findings documented distal fibula tenderness with full and painless range of motion. Non-compliance with partial weight bearing was documented. There is no clear clinical and imaging evidence of a surgical lesion. There is insufficient evidence to support arthroscopy for either synovitis or fracture. Therefore, this request is not medically necessary.

Nerve block with fluroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375,377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopy.

Decision rationale: As the surgical request is not supported, this request is not medically necessary

Left ankle x-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As the surgical request is not supported, this post-op request is not medically necessary

Strapping: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bracing (immobilization).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Cam boot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Cam walker, Cast (immobilization).

Decision rationale: As the surgical request is not supported, this request is not medically necessary

Roll about knee scooter x 3 months rental for ambulation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.