MAXIMUS Federal Services

Case Number:	CM14-0136070		
Date Assigned:	09/03/2014	Date of Injury:	05/25/2012
Decision Date:	04/01/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female who sustained an industrial related injury on 5/26/12. The only medical report available for review, dated 3/16/15, noted the injured worker had complaints of bilateral wrist, bilateral hand, and left ankle pain. Diagnoses included bilateral carpal tunnel syndrome, bilateral wrist tenosynovitis, bilateral hand tenosynovitis, left long finger trigger finger, and left ankle deltoid sprain/strain. Medications included Naproxen, Omeprazole, Cyclobenzaprine, and Gabapentin. The treating physician requested authorization for left ankle arthroscopy with arthrotomy of the subtalar joint and synovectomy of the sinus tarsi and pre-operative clearance as an outpatient. On 7/25/14 the requests were non-certified. Regarding the surgical procedure, the utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records do not include a physical examination. There was also no history of the injured worker's injury or any documentation of the treatment attempted. Therefore the request was non-certified. Due to the surgery being non-certified the associated request was also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopy with arthrotomy of the subtalar joint and synovectomy of the sinus tarsi: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Ankle and Foot, Ankle arthroscopy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. In this case there is no evidence in the cited records from 3/16/15 of significant pathology or exam to warrant surgical care. Therefore the determination is for non-certification.

Pre-operative clearance, as outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.