

Case Number:	CM14-0180421		
Date Assigned:	12/01/2014	Date of Injury:	11/08/2013
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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 Minnesota. 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 59 year old male who stepped into a hole on 11/18/2013 injuring the right lower extremity, particularly the knee and ankle. He was found to have advanced osteoarthritis of the right knee with the medial compartment being bone on bone. Similar changes were also noted in the left knee. He underwent an MRI scan of the right foot and ankle on 6/19/2014. The report indicates the lateral ligaments including the anterior and posterior talofibular ligaments as well as the calcaneofibular ligaments were grossly intact. There were anterior osteophytes at the distal tibia at the tibiotalar joint as well as the distal fibula. There was a cluster of subchondral cysts 8mm in diameter at the posterior aspect of the lateral talar dome and a similar appearing structure on the medial aspect of the talar dome measuring 9 mm with mild reactive marrow edema. Subchondral cysts of the medial malleolus were also noted which measured up to 5 mm. Cartilaginous thinning of the tibiotalar joint particularly the medial and lateral aspects of the talar dome at the osteochondral lesion. A bone fragment was identified at the tip of the medial malleolus representing an old avulsion best seen on the plain film. No actual loose bodies were documented. A subchondral cyst was also noted at the base of the third metatarsal representing a degenerative change. The disputed issue pertains to a request for surgery on the right ankle consisting of arthroscopy of the right ankle with debridement and repair of the osteochondral lesions, secondary repair / reconstruction of ligaments, ankle arthrotomy and removal of loose bodies, right ankle. This was non-certified by UR as the predictability of microfractures of both the medial and lateral talar dome lesions in the setting of arthritis would not prove beneficial in the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy with debridement and repair of the osteochondral lesions, secondary repair/reconstruction of the ligaments, ankle arthrotomy with removal of loose bodies, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 374-375.

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

Decision rationale: California MTUS guidelines recommend surgical considerations when there is clear clinical and imaging evidence of a lesion that is known to benefit both in the short and long term from surgical repair. The MRI report pertaining to the right ankle gives a clear description of osteoarthritis with thinning of the articular cartilage, chondromalacia, and formation of clusters of subchondral cysts which is commonly seen in the late stage of osteoarthritis. A row of osteophytes along the anterior margin of the articular surface of the distal tibia and fibula is described. A kissing lesion consisting of clusters of subchondral cysts is described in the medial malleolus and medial aspect of the talus. There is also evidence of osteoarthritis in the subtalar joint and the Lisfranc's joint at the base of the third metatarsal. ODG guidelines do not recommend ankle arthroscopy in the presence of osteoarthritis. With regard to the request for ligament repair or reconstruction, MTUS guidelines recommend stress films to document the instability (Table 14-6: Reconstruction of lateral ankle ligament, page 377). The MRI report does not support this diagnosis, indicating that the ligaments are intact. Stress films have not been obtained. With respect to the request for ankle arthrotomy and removal of loose bodies, the MRI report describes a bone fragment at the tip of the medial malleolus likely representing an old avulsion fragment which is better seen on the plain x-rays and not on the MRI. There is no indication that this is a loose body within the joint. No other loose bodies are described. Based upon the above guidelines, the surgical procedure as requested is not medically necessary.