MAXIMUS Federal Services

Case Number:	CM14-0192667		
Date Assigned:	11/26/2014	Date of Injury:	08/19/2012
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Surgeon 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:

A 36 year old female claimant with an industrial injury dated 08/19/12. MRI of the right ankle dated 09/11/12 reveals a small tibia talar and posterior subtalar joint effusions. Also there is a posterior talofibular ligament sprain present. Exam note 09/25/14 states the patient returns with ankle pain. The patient explains a constant pain and numbness in the medial ankle, and heel; along with difficulty standing and walking. Upon physical exam there were no signs of instability. There was dorsiflexion and eversion aggravation with pain in the medial side of the right ankle and heel. The patient did not have any edema or discoloration present. The ankle dorsiflexion is noted as 20' on the right and 23' on the left. Ankle plantar flexion is noted as 35'. Treatment includes a right ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy with Extensive Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, 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 9/11/12 of significant pathology to warrant surgical care. Therefore the request is not medically necessary.