

Case Number:	CM14-0193735		
Date Assigned:	12/01/2014	Date of Injury:	01/23/2008
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in sports Medicine and is licensed to practice in Texas and Virginia. 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 patient is a 39-year-old male with a reported date of injury on 01/23/2008. The mechanism of injury reportedly occurred when the patient lost his footing while running on uneven terrain as part of a 5 mile run. His diagnosis included joint pain in the ankle and foot, anterior ankle impingement, enthesopathy of the knee, peroneal tendonitis, synovitis and tenosynovitis, and ankle sprain. Surgical history includes left ankle, lateral ankle ligament repair with arthroscopy, synovectomy, debridement and removal of a distal tibial spur and fibular ossicle on 09/30/2008. Left ankle arthroscopy, synovectomy, debridement, chondroplasty, and excision of distal tibial spur were performed on 12/23/2009. In addition, the patient underwent a left ankle repair of dislocating peroneal tendons with groove deepening procedure, repair of peroneus brevis, synovectomy, and debridement microfracture technique for grade 4 chondromalacia on 11/25/2013. Conservative treatment includes physical therapy, ankle bracing, and activity modification. The physical examination revealed good motor strength with evertors and good motion. There was slight swelling and tenderness around the peroneal anterolateral ankle. Objective findings included documented swelling and tenderness around the ankle joint and peroneal tendons. The patient was presented neurovascularly intact. The left ankle MRI dated 09/30/2014 revealed osteoarthritis involving the tibiotalar joint, with thinning of the articular cartilage, subchondral sclerosis, and marginal spurs. The most recent clinical note dated 11/11/2014 indicates the patient presented with non-antalgic gait and does not utilize devices for ambulation. The left foot and ankle presented with normal alignment, tenderness, anterior ankle JLT with compression and dorsiflexion. Active range of motion revealed hallux flexion normal and extension normal, plantar flexion normal, inversion normal, eversion normal, and dorsiflexion to 0 degrees. Anterior drawer negative and talar tilt negative; strength rated at 5/5 throughout; sensation normal throughout; and deep tendon reflexes noted at 2+. Treatment plan

included treatment options discussed, need for surgery, and modified duty. The physician indicated that the question is not if the patient needs surgery, but which procedure. The clinician indicates the process is not advanced enough to consider an ankle replacement or fusion, and it is reasonable to proceed with debridement of the impinging lesions with an arthroscopic debridement and concurrent debridement of the peroneal tendons. The Request for Authorization for the decision for left ankle arthroscopic debridement, decision for possible repair of talar osteochondral defect, decision for debridement, and decision for repair of peroneal tendon was submitted on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopic debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthroscopy for foot/ankle injuries

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement; failure of an exercise program to increase range of motion and strength of the musculature around the ankle and foot; and 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 clinical information provided for review lacks documentation illustrating the patient's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation illustrating the patient's pain utilizing a VAS. The clinical information lacks documentation related to conservative care and/or the subsequent failure of exercise programs to increase range of motion and strength. The clinical information indicates the patient presented with motor strength rated at 5/5, and neurologically intact. Therefore, the request for left ankle arthroscopic debridement is not medically necessary.

Possible repair of talar osteochondral defect: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement; failure of an exercise program to increase range of motion and strength of the musculature around the ankle and foot; and 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 clinical information provided for review lacks documentation illustrating the patient's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation illustrating the patient's pain utilizing a VAS. The clinical information lacks documentation related to conservative care and/or the subsequent failure of exercise programs to increase range of motion and strength. The clinical information indicates the patient presented with motor strength rated at 5/5, and neurologically intact. Therefore, the request for possible repair of talar osteochondral defect is not medically necessary.

Debridement: 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.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement; failure of an exercise program to increase range of motion and strength of the musculature around the ankle and foot; and 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 clinical information provided for review lacks documentation illustrating the patient's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation illustrating the patient's pain utilizing a VAS. The clinical information lacks documentation related to conservative care and/or the subsequent failure of exercise programs to increase range of motion and strength. The clinical information indicates the patient presented with motor strength rated at 5/5, and neurologically intact. Therefore, the request for debridement is not medically necessary.

Repair of peroneal tendon: 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), Peroneal tendinitis/tendon rupture; www.odg-twc.com/odgtwc/ankle/htm#peronealtendinitistendonrupture

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement; failure of an exercise program to increase range of motion and strength of the musculature around the ankle and foot; and 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 clinical information provided for review lacks documentation illustrating the patient's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation illustrating the patient's pain utilizing a VAS. The clinical information

lacks documentation related to conservative care and/or the subsequent failure of exercise programs to increase range of motion and strength. The clinical information indicates the patient presented with motor strength rated at 5/5, and neurologically intact. Therefore, the request for repair of peroneal tendon is not medically necessary.