

<b>Case Number:</b>	CM14-0194400		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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:

56 year old male claimant with an industrial injury dated 08/10/12. Conservative treatments include physical therapy, chiropractic treatments, medication, and activity modification. MRI of the left knee dated 12/13/12 demonstrates improved bone bruising edema involving the lateral tibial plateau and fibular head from the prior test. X-rays of the left knee dated 03/29/13 reveals poor visualization of the joint space due to suboptimal tube angulation and patient positioning. The patient is status post an orthopedic consultation dated 09/05/14. Exam note 10/06/14 states the patient returns with left knee and ankle pain. The patient explains that the pain radiates down to the left lower extremity into the calf. The patient explains that the last injection to the left ankle joint did provide pain relief but the pain has now returned. Diagnosis is noted as medial meniscal/lateral tears of the left knee along with synovitis in the left ankle. Treatment includes a left ankle arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2013, Ankle and Foot

**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 10/6/14 of significant pathology to warrant surgical care. Therefore the request is not medically necessary.