

Case Number:	CM15-0002393		
Date Assigned:	02/20/2015	Date of Injury:	02/14/2013
Decision Date:	04/01/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: Illinois, California, Texas
 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 30-year-old female with an industrial injury dated 02/14/13. Injury occurred when she took a 45-pound dog off the x-ray table and pivoted, resulting in immediate pain in the left hip. The injured worker was diagnosed with a labral tear and underwent left hip arthroscopy and labral repair on 1/8/14. On 3/30/14, she was bearing full weight on the left lower extremity while walking in her back yard, when she felt severe pain like the initial injury pain. The injured worker stepped on her right foot, rolled her ankle, and fell landing on her left knee and face. Conservative treatment has included splinting and two courses of physical therapy. The 5/23/14 right ankle MRI showed anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) high grade partial tear or complete tear, posterior and anterior tibiofibular ligament strain, and deltoid ligament strain with associated medial talar dome and medial malleolus bone contusion/micro-fracture. There was low grade Achilles tendinosis/tendinopathy and plantar fasciitis. There was some tibiotalar and subtalar joint effusions. The 11/17/14 initial orthopedic evaluation cited constant mild to intermittent moderate right ankle pain, with intermittent swelling and sharp pain with walking. The objective examination revealed pain upon palpation of the right ankle, restricted range of motion, limp in the gait, and 2+ and 1+ instability with varus and valgus stress maneuvers. She was unable to toe and heel walk. Anterior drawer was negative. Right ankle x-rays were obtained and failed to demonstrate an osteochondral lesion. The diagnosis was compensatory right ankle injury with ATFL disruption, medial talar dome contusion, and possible osteochondral defect. The treating physician is requesting right ankle arthroscopy, debridement of the lateral gutter, modified Brostrom procedure and possible

micro-fracture drilling of the medial talar dome osteochondral defect with associated services, therapy, medical equipment and medication. On 12/08/14, utilization review non-certified a request for right ankle arthroscopy, debridement of the lateral gutter, modified Brostrom procedure, and possible micro-fracture drilling of the medial talar dome osteochondral defect, noting the lack of clinical objective evidence indicating instability of the ankle. The requests for associated surgical services, including assistant surgeon, pre-op evaluation, post-op rehab 2 times per week for 6 weeks, DME: cam walker (purchase), walking boot (purchase), Cold therapy unit (rental for 7 days), and Vicodin 5/300mg #60 were non-certified. The MTUS and ODG Guidelines were cited. On 01/06/15, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy, Debridement of The Lateral Gutter, Modified Brostrom Procedure and Possible Micro-fracture Drilling of The Medial Talar Dome Osteochondral Defect: 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).

MAXIMUS 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) Ankle and foot: Lateral ligament ankle reconstruction (surgery).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guideline indications for lateral ligament reconstruction include physical therapy and immobilization with a brace or support cast, subjective complaints of instability and swelling, positive anterior drawer sign, and positive stress x-rays identifying motion at the ankle or subtalar joint with at least 15 degree lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritis joint changes. The MTUS and ODG guidelines do not address microfracture surgery for the ankle. The ODG for microfracture surgery in the knee indicates that the ideal age is 45 or younger and typically requires 2 months of medications or physical therapy, and imaging evidence of a chondral defect on a weight bearing surgery. A review of peer literature did not evidence large volume, high quality studies supporting the use of arthroscopic microfracture in the treatment of osteochondral lesions of the talar dome. Guideline criteria have not been met. This patient presents with persistent function-limiting right ankle pain and swelling. There is instability documented with varus/valgus stress; however, anterior drawer testing is negative. There is no documentation of positive stress x-rays with motion at the ankle or subtalar joint. There is no imaging evidence of a chondral defect, and no large-volume, high quality studies supporting the use of microfracture surgery in the ankle. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol

trial and failure has not been submitted. Given the lack of imaging evidence of instability or a chondral lesion, this request is not medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Op Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Op Rehab 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated Surgical Service: DME: Cam Walker (Purchase) Walking Boot (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated Surgical Service: Cold Therapy Unit (Rental for 7 Days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Continuous flow cryotherapy.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Vicodin 5/300 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.