

<b>Case Number:</b>	CM15-0003193		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Minnesota, Florida  
 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 52 year old female who sustained an industrial injury on December 9, 2011. She has reported pain and swelling to her left ankle and pain to the right ankle and has been diagnosed with left lateral ankle sprain, acute capsulitis, and acute tenosynovitis. Treatment to date has included orthotic sandals, medications, and intra articular joint injections. Currently the injured worker complains of an increase in right and left knee pain. She has pain with prolonged walking and standing. The treatment plan included left ankle surgery. On December 12, 2012 Utilization Review non certified surgery: arthroscopic debridement of synovitis, for the left ankle Quantity 1, laboratory test pre-operative Quantity 1, and x-ray pre-operative of the chest Quantity 1 citing Orthopedic AME report on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery Arthroscopic Debridement of Synovitis, for the left ankle QTY: 1: 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:** California MTUS guidelines indicate surgical considerations for activity limitation for more than one month without signs of functional improvement, failure of exercise programs 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 requested procedure is arthroscopy of the left ankle with synovectomy. However, there is no recent imaging submitted. There is no recent nonoperative treatment protocol documented for weeks/months with trial/failure. There is no documentation as to whether the patient has degenerative arthritis or some other chronic condition. There is no instability documented. The documentation does not indicate evidence of a lesion that is known to benefit in both the short and long-term from surgical repair. As such, the request for arthroscopy of the left ankle with debridement of synovitis is not supported and the medical necessity of the requested surgery is not substantiated.

**Laboratory Test Pre-Operative QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**X-Ray Pre-Operative, of the Chest QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.