

Case Number:	CM15-0008221		
Date Assigned:	01/23/2015	Date of Injury:	03/28/2014
Decision Date:	04/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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 55 year old female, who sustained an industrial injury on 3/28/2014. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included right ankle sprain, right ankle Achilles tendinitis, impingement syndrome right ankle, right knee strain, chronic low back pain, degenerative disc disease and disc herniations lumbar spine, radiculitis bilateral lower extremities, chronic cervical pain, degenerative disc disease and disc herniations cervical spine, and radiculitis bilateral upper extremities. Treatment to date has included podiatry, physical therapy, medications and activity modification. Magnetic resonance imaging (MRI) of the right ankle dated 7/25/2014 showed mid-insertional Achilles tendinosis and no other gross abnormality. Currently, the IW reports no improvement with continued pain in her neck, lower back, pain in the right leg and knee and right ankle. She states her pain is a level 8 out of 10 and is described as constant and burning, is improved with rest and made worse with activities. Objective findings included tenderness over the paracervical musculature with negative muscle spasm. There is pain with extension and lateral bend. She has an antalgic gait and uses a cane for ambulation. There is tenderness and muscle spasm in the paralumbar musculature. She's unable to walk on tip toes due to ankle pain. Straight leg raise is negative. On 12/26/2014 Utilization Review non-certified a request for right ankle diagnostic arthroscopy noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On, ACOEM 1/14/2015, the injured worker submitted an application for IMR for review of right ankle diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Diagnostic Arthroscopy: 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) Treatment Index, 11th Edition (web), 2014, Ankle and Foot, Diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Ankle and foot, Topic: Diagnostic arthroscopy.

Decision rationale: ODG guidelines indicate the role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with relatively poor outcome. The MRI findings correlate with the clinical finding of tenderness over the Achilles tendon insertion. The injured worker has good range of motion and there is no indication of intra-articular pathology on the MRI scan. Her pain is widespread and involves multiple areas. As such, the request for diagnostic arthroscopy of the ankle is not supported and the medical necessity of the request is not substantiated.