MAXIMUS Federal Services

Case Number:	CM15-0100909		
Date Assigned:	06/03/2015	Date of Injury:	02/24/2011
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, Oregon
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 66-year-old male who reported an industrial injury on 2/24/2011. His diagnoses, and/or impressions, are noted to include: industrial twisting injury to the left knee with left knee pain, and status-post left knee arthroscopy with medial meniscectomy; patellofemoral chondromalacia of the left knee; post crush injury of the left foot and ankle, with severe degenerative joint disease of the left ankle, limited range-of-motion and painful gait; and left ankle surgery x 3. No current imaging studies are noted. His treatments have included acupuncture therapy for the knee and foot - with significant but very temporary benefit; medication management with toxicology screenings; home exercises; a work disability evaluation report/functional capacity evaluation on 3/12/2015; and rest from work as he is noted to be retired. The progress notes of 2/18/2015 reported a re-evaluation of un-improved symptomatology's of the left ankle, with reported pain, crepitus and instability. Objective findings were noted to include noted decreased dorsalis pedis and posterior tibial pulses bilaterally; persistent swelling and pain to palpation of the left ankle joint; decreased Achilles and patellar deep tendon reflexes bilaterally; severe hallux valgus deformity of the feet bilaterally; pronation with impingement of the ankle joint; difficulty with squatting/crouching and walking and toe standing due to pain; internal derangement and painful, limited range-of-motion in the left ankle. The physician's requests for treatments were noted to include arthroscopic left ankle surgery with pre-operative clearance and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery Left Ankle with Extensive Debridement: 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), Ankle & 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.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of ankle arthroscopy. According to the Official Disability Guidelines, 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 2/18/15 of significant pathology to warrant surgical care. Therefore, the request is not medically necessary.

Pre-Operative Medical Clearance with Internist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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

Physical Therapy for the Left Ankle (24-sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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