

Case Number:	CM15-0109113		
Date Assigned:	06/15/2015	Date of Injury:	02/04/2014
Decision Date:	08/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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:

This injured worker is a 42-year-old male who sustained an industrial injury on 2/04/14. Injury occurred when she stepped off a stepladder and her right ankle twisted. Right ankle x-rays on 2/4/14 documented a navicular versus avulsion fracture, lateral soft tissue swelling, and remote medial malleolar injury. The 1/5/15 right ankle MRI impression documented scant fluid around the posterior tibial tendon indicative of mild tenosynovitis, mild plantar fasciitis, and no findings to suggest persistent lateral ligamentous tear. The articular surfaces were reported preserved. There was a small amount of fluid posterior to the subtalar joint, without articular abnormality. The 2/17/15 treating physician report indicated that the injured worker had almost 100% relief following a right sinus tarsi corticosteroid injection for about 3-4 weeks with gradual return of symptoms. His left knee symptoms were worsening and he had not gotten into physical therapy. Right foot and ankle exam documented a cautious gait pattern, lateral hindfoot and sinus tarsi tenderness, some mild tenderness over the peroneal tendons, and 5/5 peroneal strength. There was no gross instability appreciated on the left knee. The diagnosis was right hindfoot arthropathy and left knee patellofemoral syndrome. The treatment plan recommended physical therapy for the left knee which was hindering rehabilitation of the right ankle, and one more right hindfoot corticosteroid injection. The injured worker was at modified work status. The 3/2/15 physical therapy report indicated the injured worker had completed 9/12 sessions. He had made minor progress in range of motion with current range of motion documented as dorsiflexion 10, patellofemoral 50, inversion 20, and eversion 8 degrees. He had some right ankle pain at times, especially with squatting. Knee pain was limiting functional exercises. There was some joint

laxity with right ankle anterior drawer and distraction tests. Functional improvement was noted with ability to perform all activities with modification of some to all activities. Right ankle strength had increased to 4/5 globally from 3+ to 4-/5. Additional therapy was recommended. The 3/31/15 treating physician report indicated that the left knee had been getting worse. The cortisone injection to the right sinus tarsi helped by almost 100% for approximately 4 weeks, and symptoms have slowly returned. The injured worker had a slow and cautious gait with difficulty toe walking due to pain. Physical exam documented ankle and lateral subtalar joint tenderness. The impression was continued right ankle and subtalar joint arthropathy. Authorization was requested for right ankle arthroscopic extensive debridement, right subtalar arthroscopic debridement, pre-op testing-EKG, and assistant surgeon. The 5/13/15 utilization review non-certified the request for right ankle arthroscopic extensive debridement and subtalar arthroscopic debridement, and associated surgical requests, as there was no evidence of significant ankle functional deficits other than difficulty with toe walking to support surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopic Extensive Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-363.

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: Arthroscopy.

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. The Official Disability Guidelines state there exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. 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. Surgical indications for arthroscopy of the ankle and subtalar joints include chronic pain, swelling, buckling, and/or locking that fails conservative treatment. Guideline criteria have not been met. This injured worker presents with right ankle pain and difficulty with toe walking. Clinical exam findings documented tenderness that correlated with imaging evidence of mild tenosynovitis. However, there are no imaging findings of significant arthropathy or a surgical lesion requiring extensive debridement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment has been submitted with evidence of slow progress with physical therapy and positive temporary response to corticosteroid injection. Left knee pain is reported as hindering right ankle rehabilitation. Therefore, this request is not medically necessary.

Right Subtalar Arthroscopic Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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: Subtalar arthroscopy.

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. The Official Disability Guidelines recommend subtalar arthroscopy for chronic pain, swelling, buckling, and/or locking that fails conservative treatment. Guideline criteria have not been met. This injured worker presents with right ankle pain and difficulty with toe walking. There is no documentation of swelling, buckling, and/or locking. Clinical exam findings documented subtalar joint tenderness. However, there are no imaging findings of subtalar joint arthropathy or a surgical lesion requiring debridement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment has been submitted with evidence of slow progress with physical therapy and positive temporary response to corticosteroid injection. Left knee pain is reported as hindering right ankle rehabilitation. Therefore, this request is not medically necessary.

Pre-Op Testing-EKG Only: 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.

Associated Surgical Service: Assistant Surgeon: 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.