MAXIMUS Federal Services

Case Number:	CM15-0109419		
Date Assigned:	06/16/2015	Date of Injury:	10/07/2007
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
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: 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 33 year old female, who sustained an industrial injury on 10/7/2007. Diagnoses have included traumatic arthropathy of ankle and foot with painful internal fixation device. Treatment to date has included immobilization, therapy and cortisone injections. Magnetic resonance imaging (MRI) of the left ankle dated 11/18/2014 showed complete tear of the anterior talofibular ligament, partial/interstitial tear of the calcaneofibular ligament and sprain of the posterior talofibular ligament. There was susceptibility artifact related to surgical hardware in the lateral malleolus. According to the progress report dated 5/20/2015, the injured worker complained of constant left ankle pain and swelling. She had an altered gait. Exam of the left ankle revealed a curvilinear incision on the anterolateral ankle and arthroscopic scars. There was no soft tissue swelling. There was mild hypertrophy of the anterior compartment of the left leg secondary to altered gait. There was tenderness over the anterolateral ankle joint and anterior talofibular ligament origin on the fibula. There was full range of motion. Authorization was requested for left ankle video arthroscopy with debridement and removal of hardware, pre-operative labs (to include blood and urine), electrocardiogram 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:

Video arthroscopy with debridement and removal of hardware (left ankle): 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 - Hardware Implant Removal (fracture fixation).

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "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." According to the ODG Ankle and Foot, Hardware implant removal, "Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. In this case, there is no evidence in the cited records from 5/20/15 of significant pathology to warrant surgical care. There is no evidence that infection has been excluded. Therefore, the request is not medically necessary.

Preoperative labs to include blood, urine and Electrocardiogram (EKG): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Postoperative physical therapy 3 times a week for 4 weeks: 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.