

Case Number:	CM15-0012891		
Date Assigned:	01/30/2015	Date of Injury:	06/30/2012
Decision Date:	05/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/22/2015

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
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 45-year-old female who reported injury on 06/30/2012. The mechanism of injury was the injured worker injured her left ankle when she was pushing a cart and tripped over a box left out by another employee. The injured worker was noted to undergo prior surgery, physical therapy, injections and medications. The injured worker was utilizing transcutaneous electrical nerve stimulation. The injured worker underwent bracing. The injured worker's diagnoses included other enthesopathy of ankle and tarsus, left, and mononeuritis of lower limb, unspecified, left. Documentation of 01/13/2015 revealed the injured worker had a new ankle support. The request was made for refill of pain medications. The documentation indicated the injured worker had been evaluated and surgery was requested. The injured worker was noted to have left ankle pain and had tenderness to palpation with mild swelling. There was no MRI submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Gastronomic Slide Procedure, Ankle Arthroscopic Debridement, Stress Examination Left Ankle Under Anesthesia, Possible Lateral Reconstruction Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 347-375.

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consultation may be appropriate for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to increase her range of motion and strength of 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 clinical documentation submitted for review failed to provide the injured worker had a failure of an exercise program. There was a lack of documentation of clear clinical and imaging evidence of a lesion. There was no MRI submitted for review. Given the above, the request for left gastronomic slide procedure, ankle arthroscopic debridement, stress examination left ankle under anesthesia, possible lateral reconstruction left ankle is not medically necessary.

Pre-Op Labs: CBC, UA, Basic Metabolic Panel, Pre-Op EKG: 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.

Post-Op Physical Therapy x6 visits: 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.

Knee Scooter for Rental x6 Week: 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.