MAXIMUS Federal Services

Case Number:	CM15-0018835		
Date Assigned:	02/09/2015	Date of Injury:	03/28/2014
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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 55-year-old female who reported an injury on 03/28/2014. The mechanism of injury was twisting. She was diagnosed with Achilles bursitis or tendinitis and unspecified site of ankle sprain. Past treatments were noted to include medications, physical therapy, ice, heat, and bracing. Her diagnostic studies included an MRI of the right ankle, performed on 07/23/2014, read by [redacted], which revealed mild insertional Achilles tendinitis. Additionally, on 07/23/2014, the injured worker had an x-ray of the right ankle, read by [redacted], which was noted to reveal normal alignment, the tibia was intact with no fracture, the fibula was intact with no fracture, and the tarsal bones were intact with no fracture; soft tissues were normal. On 12/16/2014, the injured worker went in for a followup and reported pain was worse with walking and standing and improved with rest. She rated her pain as 8/10. Upon physical examination of her right ankle/foot, it was noted that the appearance was normal. She had positive tenderness over the Achilles tendon, positive tenderness laterally, positive pain with plantar flexion and inversion, was negative for swelling, and had decreased range of motion in dorsiflexion and plantar flexion as well as inversion and eversion. Current medications were not provided. The treatment plan was noted to include authorization for physical therapy and awaiting authorization for diagnostic arthroscopy of the right ankle as she has intractable pain, difficulty ambulating, and an inability to do her activities of daily living. Additionally, the treatment plan included medications and a followup re-evaluation in 1 month. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic arthroscopy of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 - 375.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Diagnostic arthroscopy.

Decision rationale: The request for diagnostic arthroscopy of the right ankle is not medically necessary. The Official Disability Guidelines recommend diagnostic arthroscopy for articular assessment after ankle fracture and after ankle sprain. The guidelines also state the past diagnostic arthroscopy was performed in cases of unexplained pain, swelling, stiffness, haemarthrosis, locking, and ankle instability. The clinical documentation submitted for review does not provide any evidence of significant objective functional deficits with the right ankle. Additionally, the x-ray of the right ankle revealed no fracture of the ankle. Furthermore, it is unclear if the injured worker was treated with physical therapy for the right ankle. In the absence of this documentation, the request is not supported by the guidelines. As such, the request for diagnostic arthroscopy of the right ankle is not medically necessary.