

<b>Case Number:</b>	CM15-0132989		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 49-year-old female who sustained an industrial injury on 1/5/14. Injury occurred relative to a slip and fall down stairs. The 8/18/14 right ankle MRI impression documented posteromedial subchondral talar dome marrow edema, probably from an osteochondral lesion. The anterior talofibular ligament was not readily identified and could be torn. She underwent left knee diagnostic arthroscopy with partial medial and lateral meniscectomy, abrasion chondroplasty, and synovectomy on 3/13/15. The 6/16/15 orthopedic report cited a chief complaint of right ankle pain. Physical exam showed tenderness to palpation over the right ankle joint. There was tenderness to palpation over the medial and lateral joint lines of the bilateral knees. The diagnosis was right ankle osteochondral defect as seen on the MRI. Authorization was requested for right ankle arthroscopic abrasion chondroplasty of the osteochondral defect. The 6/30/15 utilization review non-certified the request for right ankle arthroscopic abrasion chondroplasty of the osteochondral defect as there was no indication of acute pathology on the ankle MRI, no documentation of recent treatment, and no indication of impinging diagnosis or physical exam finding that would support surgery. The 7/7/15 treating physician report cited continued right ankle pain and difficulty with ambulation. Physical exam documented symmetrical ankle range of motion, 5/5 bilateral ankle strength, and medial and lateral joint line right ankle tenderness. The treating physician report stated that there was a significant finding of an osteochondral defect on the ankle MRI. The radiologist reported posteromedial subchondral talar dome bone marrow edema from an osteochondral lesion. The injured worker had failed conservative treatment with anti-inflammatories and physical therapy for more than a year with persistent tenderness at the tibiotalar junction. Appeal of the right ankle arthroscopic abrasion chondroplasty was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle arthroscopy abrasion chondroplasty of the osteochondral defect:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter, Arthroscopy.

**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 ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. 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. Guideline criteria have been met. This injured worker presents with persistent right ankle pain and difficulty ambulating. Clinical exam findings are consistent with imaging evidence of a probable osteochondral lesion. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.