

Case Number:	CM15-0141239		
Date Assigned:	07/31/2015	Date of Injury:	04/12/2011
Decision Date:	08/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/21/2015

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, Oregon, Washington
 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 63 year old male, who sustained an industrial injury on April 12, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left ankle osteochondritis dissecans defect lateral talar dome, bilateral plantar fasciitis, and right ankle pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left ankle, use of a cane, and use of a brace. In a progress note dated April 14, 2015, the treating physician reports continued complaints of pain to the left ankle. Examination reveals an antalgic gait, tenderness to the plantar fascia, tenderness to the anterior talofibular ligament, and pain with ankle and foot range of motion. The medical records provided included a report of magnetic resonance imaging of the left ankle on March 31, 2014 that was remarkable for osteochondritis dissecans to the lateral talar dome, plantar fasciitis with plantar fascia thickening, calcaneal spurring, and non-visualization of the anterior talofibular ligament with possible tear. The treating physician requested left ankle arthroscopy with micro-fracture, and OATS (osteochnondral autologous transfer) procedure, but the documentation provided did not indicate the specific reason for the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy, Microfracture & OATS (osteochondral autologous transfer) procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375, 377. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Arthroscopy; Osteochondral autologous transfer system.

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 criteria.

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." In this case, there is no evidence in the cited records from 4/14/2015 of significant pathology to warrant surgical care. Therefore, the request is not medically necessary and the determination is for non-certification.