

Case Number:	CM15-0160297		
Date Assigned:	08/27/2015	Date of Injury:	11/26/2014
Decision Date:	09/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This 51-year-old woman sustained an industrial injury on 11-20-2014. The mechanism of injury is not detailed. Diagnoses include right foot muscle strain, crush injury, right ankle tendon strain, and right tibial tendon dysfunction. Treatment has included oral medications and ankle support brace. Physician notes on a PR-2 dated 7-21-2015 show complaints of right foot pain. Recommendations include orthopedic consultation, ankle surgery, use ankle support brace at all times, Hydrocodone-Acetaminophen, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy/fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375, 377.

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 7/21/15 of significant pathology to warrant surgical care. Therefore, the determination is not medically necessary. CA MTUS/ACOEM is silent on the issue of ankle fusion. Per the ODG Ankle and Foot, Fusion (arthrodesis), is recommended for painful hind foot osteoarthritis where there is documented conservative care including immobilization and pain aggravated by activity and weight bearing. ODG further states that the pain in the ankle must be relieved by Xylocaine injection with findings of malalignment and decreased range of motion. Imaging findings should include loss of articular cartilage, malunion, and fracture or bone deformity. In this case, the exam notes from 7/21/15 do not demonstrate evidence of prior conservative care or injections into the joint. There are no formal radiographs demonstrating malalignment or malunion to warrant an ankle fusion. Therefore, the determination is not medically necessary.

Cyclobenzaprine 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.