MAXIMUS Federal Services

Case Number:	CM15-0164610		
Date Assigned:	09/02/2015	Date of Injury:	11/29/2012
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 58-year-old female who sustained an industrial injury on 11/29/12. Injury occurred when she was stepping down a step and fell with onset of lateral ankle pain. She was diagnosed with an avulsion fracture and was placed in a walking boot. The 6/23/14 initial treating physician report cited right mid-foot pain at times when she stepped on the right foot. Right ankle range of motion was documented as -4 degrees extension and 70 degrees flexion. There was lateral ankle swelling, intact sensation, tenderness over the anterolateral joint line, and 5/5 strength. There was no instability. X-rays were obtained and reported within normal limits. The diagnosis was synovial entrapment after ankle sprain. An injection was provided. The 6/1/15 treating physician report indicated that the injured worker had an MRI authorized but surgery had been requested. She did not have instability but had synovial entrapment. The injection provided did not help. An MRI would show some synovial hypertrophy and most likely nothing else. Proceeding with surgery was recommended. The 7/20/15 treating physician report cited intermittent right ankle pain with no instability. Right ankle exam documented tend about the anterolateral joint line. There was no swelling. Anterior drawer and talar tilt tests were negative. The diagnosis included ankle sprain and synovitis. She was to continue full duty work. Authorization was requested for outpatient right ankle arthroscopy and post-operative outpatient physical therapy 3 times per week for 4 weeks. The 8/13/15 utilization review non-certified the request for right ankle arthroscopy and associated post-op physical therapy. The rationale was not provided. The 8/17/15 treating physician report indicated that the injured worker had intermittent right ankle pain. While walking down stairs, she had pain and almost fell. She

underwent steroid injection into the right ankle did not help. There was no instability. Physical exam documented no swelling or tenderness over the anterior talofibular, calcaneofibular, or anterior tibiofibular ligaments. Anterior drawer and talar tilt tests were negative. There was anterolateral joint line tenderness. There were no x-rays or outside radiology documented. The diagnosis included synovitis and ankle sprain. She was capable of full duty. The treatment plan recommended an ankle arthroscopy with resection of the impinging synovium, not a diagnostic arthroscopy. The utilization review was appealed as the reviewer was not an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right ankle arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & 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 that 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.Guideline criteria have not been met. This injured worker presents with persistent intermittent right ankle pain. There is no documented functional deficit. Clinical exam findings noted anterolateral joint line tenderness with no instability or swelling. Imaging has not been performed to establish the presence of a surgical lesion consistent with guidelines. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Post-operative outpatient physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.