

Case Number:	CM15-0166128		
Date Assigned:	09/03/2015	Date of Injury:	11/05/2009
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Montana, Oregon, Idaho
 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 59 year old female who sustained an industrial injury on 11-05-2009. Mechanism of injury occurred when she was breaking down a load, when her foot slipped through the pieces of wood and twisted her left ankle. Diagnoses include injury to the left ankle; status post left ankle surgery x 2, arthrofibrosis-synovitis, left ankle and subtalar joint with complicating scar tissue, and metatarsalgia. Treatment to date has included diagnostic studies, medications, status post left ankle arthrotomy with synovectomy 03-02-2010, status post extensive synovectomy was done to the entire left ankle joint, debridement of the left ankle joint and neurolysis, physical therapy, orthotics, and multiple cortisone injections. She is working. A physician progress note dated 06-23-2015 documents the injured worker has increasing pain in her left foot and ankle and rates her pain as 3 out of 10 at rest and 6 out of 10 with prolonged repetitive weight bearing. She is unable to take NSAIDs due to severe GI upset and pain. Norco is effective at controlling her pain, and allowing her to function, especially with activities of daily living. There is 1+ edema noted to the lateral aspect of the left ankle in the area of the inferolateral malleolus. There is loss of motion in inversion in the left subtalar joint at 10-20 degrees. Dorsiflexion is also has reduced motion. She is using motion-control orthotics, but her current orthotics are completely worn out. She walks with a perceptible limp. She displays excessive pronation and instability throughout her entire stance phase. The treatment plan includes Norco 10/325mg Qty: 30.00, and one pair of motion control orthotics. Treatment requested is for Arthroscopy left ankle debridement due to development of arthrofibrosis Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left ankle debridement due to development of arthrofibrosis Qty: 1.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

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: 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 6/23/15 of significant pathology to warrant surgical care. The treating surgeon's indication for the requested surgical procedure in this case is arthrofibrosis, which is not supported by the guidelines. Therefore, the request is not medically necessary and the determination is for non-certification.