

Case Number:	CM15-0180603		
Date Assigned:	09/22/2015	Date of Injury:	11/25/2014
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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 66 year old male, who sustained an industrial injury on 11-25-2014. He reported multiple injuries to the low back, inguinal sprain and left ankle pain from transferring and individual into bed. Diagnoses include left ankle tendinitis-bursitis. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of pain and weakness in the left ankle with popping and instability. On 7-29-15, the physical examination documented decreased muscle strength and tenderness over the left ankle. The MRI of the left ankle dated 3-10-15 revealed Achilles tendon strain with longitudinal interstitial partial tearing, posttraumatic arthrosis, and soft tissue scarring and partial tearing of the tibialis tendon. The plan of care included left ankle arthroscopy. The appeal requested authorization for a left ankle arthroscopy. The Utilization Review dated 8-10-15, denied the request stating "it is unclear which specific surgical intervention is planned" and "therefore the requested surgical intervention to the left ankle is not medically necessary or appropriate" citing the ACOEM Guidelines and the ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery left ankle arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

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 7/29/15 of significant pathology to warrant surgical care. Therefore the determination is for non-certification. The request is not medically necessary.