

Case Number:	CM15-0188593		
Date Assigned:	09/30/2015	Date of Injury:	06/16/2009
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 40 year old man sustained an industrial injury on 6-16-2009. Evaluations include right ankle MRI dated 6-16-2015. Diagnoses include right foot sprain, right ankle contusion, and left buttock/thigh compartment syndrome. Treatment has included oral and topical medications and surgical intervention. Physician notes from the medical physician dated 7-21-2015 show complaints of right ankle pain rated 8-9 out of 10. The worker is working in an accommodated position. The physical examination shows crepitation and tenderness to palpation in the right kneecap and medial malleolus, "full flexion and extension with some patella hang-up with tracking" is noted without range of motion measurements. Recommendations include surgical intervention if recommended by the orthopedic surgeon and follow up in six weeks. Orthopedic notes dated 7-30-2015 show the physician awaiting approval for arthroscopy of the right ankle. Utilization Review denied a request for ankle surgery on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle Surgery (arthroscopy and sub-chondroplasty): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic), Arthroscopy.

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, Ankle arthroscopy.

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 request is not medically necessary.