

<b>Case Number:</b>	CM15-0192677		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, New York

Certification(s)/Specialty: Podiatrist

### 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 34-year-old female, with a reported date of injury of 01-22-2008. The diagnoses include status post extensive arthroscopic debridement of the right ankle with removal of talar spur causing anterior impingement, right ankle cellulitis, and removal of irritating retained hardware. Treatments and evaluation to date have included Norco, right ankle cortisone injection, Lyrica, and Celebrex. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-13-2015 indicates that the injured worker had decreased pain to her right foot, but she continued to have pain in her right ankle. It was noted that the injured worker developed significant scar tissue in her right ankle. She received a couple of cortisone injections, with only temporary relief in her right ankle pain. The injured worker's back pain had increased at 2 out of 10 at rest and 4 out of 10 with any attempted repetitive bending, stooping, twisting, pushing, and pulling. The physical examination included moderate tenderness to the right ankle with 1+ swelling; right subtalar joint limited to 5-20 degrees and eversion was 5-10 degrees; dorsiflexion was 5-10 degrees with a soft end range of motion dorsiflexion without pain on end range of motion; 1-2+ anterior drawer noted consistent with anterior instability; moderate tenderness and spasm in the lower lumbar spine; lumbar flexion limited to 45 degrees; extension of the lumbar spine to 15 degrees; a limp; and excessive pronation to the hind foot which caused excessive stress on the ankle. The treatment plan included an arthroscopic debridement of the right ankle due to increased scar tissue to the right ankle, which caused restriction of motion and chronic pain. The injured worker remained permanent and stationary. She continued to work at a permanent modified position. The request for authorization was dated 08-26-2015. The treating physician requested arthroscopic debridement of the right ankle. On 09-02-2015, Utilization Review (UR) non-certified the request for arthroscopic debridement of the right ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic debridement of the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Ankle and Subtalar arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Physical Examination, Diagnostic Criteria.

**Decision rationale:** As per MTUS guidelines, page 361, the initial assessment of patients with ankle and foot problems seeks to identify red-flag indicators of disease. As per MTUS, Ankle & Foot Complaints, page 363, the injured worker is recorded to have a red flag indicator of abnormal joint mobility, identified with a positive anterior drawer sign of the right ankle. As per MTUS, page 374, surgical consideration is indicated, as the patient has recorded no functional improvement through; an extended reduction of activity or through the application of recommended and applied conservative measures. As per guidelines, page 365, objective evidence of pathology that is consistent with the patient's subjective complaints requires identification, with such findings to be documented in the medical record. MTUS, page 374 specifies: clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In the case of this injured worker, objective diagnostics have not been presented to identify a lesion. The request for arthroscopic debridement of the right ankle is not medically necessary.