

<b>Case Number:</b>	CM15-0195164		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/23/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 is a 64 year old female who sustained a work-related injury on 2-23-15. Medical record documentation on 6-8-15 revealed the injured worker was being treated for left ankle synovitis, rule out tear of the left ankle ligament, and left foot strain ligament. She reported left ankle pain with limited motion and left foot pain. Her medication regimen included Naproxen, Acetaminophen and Tramadol. Objective findings included 1+ edema over the sinus tarsi, tenderness of talofibular and calcaneofibular ligaments, and no ligament instability. Examination of the left foot revealed tenderness on mid-tarsometatarsal region and the dorsal aspect. Her left ankle-foot range of motion included dorsiflexion to 5 degrees, plantar flexion to 80 degrees, inversion to 10 degrees and eversion to 5 degrees. Her bilateral lower extremities sensation was intact. Her left Patellar reflex was 1+ - 2+ and her Achilles reflex was 1+ - 2+. An undated x-ray of the left foot and ankle was documented by the evaluating physician as being normal. She had completed at least 16 physical therapy sessions by 5-8-15. An MRI of the left ankle on 6-23-15 revealed post-traumatic marrow contusion in the lateral malleolus, tendinopathy and tenosynovitis of the inframalleolar portions of the peroneus longus and brevis tendons, degenerative changes in the 1st, 2nd and 3rd tarsometatarsal joints, degenerative changes of the talonavicular joint and thickening of the plantar aponeurosis consistent with plantar fasciosis. A request for left ankle arthroscopy and synovectomy with associated services was received on 8-20-15. On 9-4-15, the Utilization Review physician determined left ankle arthroscopy and synovectomy with associated services was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Ankle Arthroscopy and Synovectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, Arthroscopy; [www.ncbi.nlm.nih.gov/pubmed/15002354](http://www.ncbi.nlm.nih.gov/pubmed/15002354).

**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 6/8/15 of significant pathology to warrant surgical care. Therefore the determination is for not medically necessary.

### **Pre-Operative Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative Protocol, Health Care Protocol - [www.guideline.gov/content.aspx?id=48409](http://www.guideline.gov/content.aspx?id=48409).

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

### **Post-Operative Physical Therapy (24-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): 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, Ankle arthroscopy.

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