

Case Number:	CM15-0206081		
Date Assigned:	10/22/2015	Date of Injury:	09/09/2010
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Minnesota, Florida
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 42-year-old female, who sustained an industrial-work injury on 9-9-10. She reported initial complaints of right wrist, right ankle, and back pain. The injured worker was diagnosed as having ankle derangement and anterior soft tissue impingement. Treatment to date has included medication, surgery (right ankle debridement-revision Brostrom procedure and split peroneus brevis to fibula transfer), and ankle injection (5 days relief). Currently, the injured worker complains of right ankle pain, status post injection 5 days prior. Medication was started again (Celebrex and Gabapentin). Per the primary physician's progress report (PR-2) on 10-6-15, exam notes right anterior ankle pain more significant laterally than medially, no instability, mild paresthesias were associated with superficial peroneal nerve. Current plan of care includes ankle surgery, post op pain medication, and crutches. The Request for Authorization requested service to include Right ankle arthroscopic debridement, Post-op pain medication- Norco 10/325mg, #60, and Post-op crutches for purchase. The Utilization Review on 10-14-15 denied the request for Right ankle arthroscopic debridement, Post-op pain medication- Norco 10/325mg, #60, and Post-op crutches for purchase, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopic debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines indicate surgical considerations for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case, the injured worker sustained a right ankle injury on 9/9/2010, underwent right ankle debridement and revision Brostrom procedure, and split peroneus brevis to fibula transfer. She had full range of motion of the ankle and subtalar joints without instability on 7/25/2015. Strength was normal. Gait was antalgic. The documentation from 10/6/2015 indicates that she obtained 10 days of relief from an ankle injection and then pain recurred. There was no instability present on examination. Findings of imaging studies have not been submitted. As such, there is no clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As such, the request is not medically necessary.

Post-op pain medication- Norco 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op crutches for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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