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| <b>Case Number:</b>   | CM15-0216593 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 08/23/2005 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 10/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2015 |

### 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: Illinois, California, Texas  
 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 injured worker is a 62-year-old female who sustained an industrial injury on 8/23/05. Injury occurred when she was taking out grocery carts and was grabbed from behind and slammed into the carts, fracturing several left ribs, and then the assailant fell on top of her. Past surgical history was positive for left knee arthroscopic partial medial meniscectomy on 4/27/06, and left knee arthroscopy and partial medial meniscectomy with lateral release on 3/21/08. The 2/5/15 left ankle MRI impression documented chronic appearing osteochondral injury of the medial aspect of the talar dome, measuring up to 9 mm anteroposteriorly. Findings were consistent with sequelae of remote injury involving the syndesmotic, superficial and deep portions of the deltoid, and anterior talofibular ligaments. Findings were consistent with sequelae of chronic plantar fasciitis. There was focal magnetic susceptibility artifact within the plantar subcutaneous tissues at the level of the anterior process of the calcaneus, likely secondary to prior procedure, or possible foreign body. Conservative treatment had included medications, ankle bracing, injections, physical therapy, and a recommendation for Lindora weight loss program. The 9/10/15 treating physician report cited continued symptoms of painful functionality. She had bilateral ankle pain, slightly worse on the left. She was ambulating in full weight bearing status. She had difficulty with squatting and crouching. She had not received authorization for osteochondral drilling of the left ankle secondary to injuries confirmed by MRI, and authorization for stabilization of both ankles. Left ankle exam documented normal gait, 2+ and symmetrical deep tendon reflexes, normal motor function, and painful range of motion with crepitus. Left ankle range of motion was documented as dorsiflexion 30, plantar flexion 30,

inversion 25, and eversion 15 degrees. Imaging was reported consistent with lateral ligament tears of the left ankle, and showed moderate osteoarthritis of the ankle joint, a small amount of intermetatarsal fluid, and tear of the lateral ligaments of the left ankle. She had exhausted all conservative treatment. Authorization was requested for osteochondral drilling of the left ankle with extensive debridement of the ankle joint. The 10/16/15 utilization review non-certified the request for osteochondral drilling of the left ankle with extensive debridement of the ankle joint as there was no evidence of significant activity limitation, instability, or evidence that the lesion would benefit in both the short and long-term from surgical intervention.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Osteochondral drilling of the left ankle with extensive debridement of the ankle joint:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Microfracture surgery (subchondral drilling) and Other Medical Treatment Guidelines 1. Donnenwerth MP, Roukis THECAL SAC. Outcome of arthroscopic debridement and microfracture as the primary treatment for osteochondral lesions of the talar dome. *Arthroscopy*. 2012 Dec; 28 (12): 1902-7.

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS and ODG guidelines do not address osteochondral-drilling surgery for the ankle. The ODG for microfracture (subchondral drilling) surgery in the knee indicates that the ideal age is 45 or younger and typically requires 2 months of medications or physical therapy, and imaging evidence of a chondral defect on a weight bearing surgery. Conservative treatment is recommended for a minimum of two months with medication or physical therapy treatment. A review of peer literature did not evidence large volume, high quality studies supporting the use of arthroscopic microfracture in the treatment of osteochondral lesions of the talar done. Guideline criteria have been not been met. There are no large-volume, high quality studies supporting the use of microfracture surgery in the ankle. (In the knee, the use of this procedure is limited to younger patients under 45). Detailed evidence of recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given these factors, this request is not medically necessary.

