

Case Number:	CM15-0217106		
Date Assigned:	11/17/2015	Date of Injury:	05/25/2011
Decision Date:	12/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	11/04/2015

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 50-year-old female who sustained an industrial injury on 5/25/11. Injury occurred when she slipped and fell, landing on her buttocks. The 6/26/14 right ankle MRI demonstrated mild patchy bone marrow edema at the lateral aspect of the calcaneus that could represent mild bone marrow contusion or possible disuse osteopenia. There was mild thickening and edema of the central cord of the plantar fascia suggestive of early plantar fasciitis. There was early subchondral edema in the junction with the medial cuneiform and adjacent metatarsal and talonavicular joint suggestive of overlying cartilage thinning. Conservative treatment included activity modification, medications, orthotics, 2 corticosteroid injections, and physical therapy. The 8/17/15 treating physician report cited on-going right ankle aggravated by activity and relieved by rest. She had 2 corticosteroid injections which provided her with 2 weeks to 2 months of symptom relief. She had impingement at the anterolateral ankle that bothered her when she got out of bed, after short period of sitting, and with on-going activity at work. Right ankle exam documented sensation grossly intact, tenderness to palpation of the anterior ankle, normal strength, and no pain with pedal range of motion. She was provided orthotics for her plantar fasciitis. Imaging showed some increased synovitis in the right ankle with no osteochondral lesions or tendon tears appreciated. An arthroscopic debridement of the ankle was requested. The 9/21/15 treating physician report cited on-going right ankle pain. Full time orthotic use had almost completely ameliorated her plantar fasciitis but did not relieve the pain in the anterolateral ankle. The only thing that relieved the anterolateral ankle pain had been the two corticosteroid injections. Surgery had been requested. Physical exam documented tenderness

to palpation over the central, anterior and lateral right ankle. There was pain with maximal ankle joint dorsiflexion. The plantar fascia was dramatically less tender to palpation. There were no other significant findings. Imaging showed fluid surrounding the anterolateral ankle synovitis. She should do well with an arthroscopic intervention given that diagnostic and therapeutic injection had improved her symptoms. Authorization was requested for right ankle arthroscopic debridement. The 9/24/15 utilization review non-certified the request for right ankle arthroscopic debridement as there was no focal examination or diagnostic imaging findings to indicate the medical necessity of the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy Debridement: 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 & Foot, Online Version, 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, arthroscopy.

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 Official Disability Guidelines state there exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions. Guidelines state there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis. Guideline criteria have not been met. This injured worker presents with persistent right ankle pain. There is no clinical exam evidence of impingement. Imaging documented early plantar fasciitis and possible cartilage thinning. The treating physician reported findings of synovitis. There is documented short term benefit with prior corticosteroid injections. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no clear clinical or imaging evidence of a surgical lesion to support this request. Therefore, this request is not medically necessary.