

<b>Case Number:</b>	CM15-0046912		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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:

The injured worker is a 55-year-old female who sustained an industrial injury on 3/28/14. Injury occurred when she was rushing to do her job and felt and heard a crack in her right foot and ankle. The 7/23/14 left ankle MRI findings documented mild swelling of the Achilles tendon with intermediate signal distally, indicative of mild insertional Achilles tendinosis. There were no other gross abnormalities noted. Records documented complaints to include right ankle pain, low back pain radiating to the right leg, and neck pain radiating to the shoulders, arms, and low back. The 12/16/14 treating physician report cited constant dull achy right ankle pain. Pain was worse with walking and standing, and improved with rest. Pain was reported 8/10. She complained of shoulder, upper extremity and back pain which were reported secondary to antalgic gait and cane use. Right ankle physical exam documented tenderness over the Achilles tendon and laterally, and pain with plantar flexion and inversion. Instability tests were negative. Muscle strength and ankle range of motion were normal. The diagnosis was right ankle sprain, Achilles tendinitis, and impingement syndrome. The treatment plan indicated that physical therapy had been approved 3x6 and the patient was to begin. Authorization was requested for a diagnostic arthroscopy of the right ankle as she had intractable pain, difficulty ambulation, and inability to do activities of daily living. Anti-inflammatory medication was prescribed. The patient was reported off work. The 1/13/15 treating physician report indicated the patient was continuing physical therapy and was referred for a podiatry consult. There was no change in subjective/objective findings. The 2/17/15 treating physician report cited grade 8/10 right ankle, low back and neck pain that were felt to be worsening. There was no change in the right ankle

exam. Podiatric consultation was reported as pending. The 2/25/15 utilization review non-certified the request for right ankle diagnostic arthroscopy.

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

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

**Right ankle, Diagnostic Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Diagnostic 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 that diagnostic arthroscopy may be indicated for articular assessment after ankle fracture and after ankle sprain. In the past diagnostic arthroscopy was performed in cases of unexplained pain, swelling, stiffness, hemarthrosis, locking and ankle instability. The role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with relatively poor outcome. Guideline criteria have not been met. This patient presents with chronic right ankle pain and clinical exam findings consistent with imaging evidence of Achilles tendinitis. There is no clinical exam evidence of instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A podiatric consult has been requested but has not occurred. There is no compelling presented to support the medical necessity of a diagnostic arthroscopy at this time. Therefore, this request is not medically necessary.