

Case Number:	CM15-0085671		
Date Assigned:	05/07/2015	Date of Injury:	11/14/2013
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 (IW) is a 52-year-old male who sustained an industrial injury on 11/14/2013. He reported pain in the right foot and ankle. The injured worker was diagnosed as having right distal fibula fracture. Treatment to date has included x-rays and casting of the foot/ankle. Physical therapy was done in mid 2014 followed by a MRI that showed an un-united fracture of the distal fibula with posterior displacement of the distal fragment by 1/3 of the diameter of the bone. According to provider notes of 02/19/2015, a CT done two months prior show the right distal fibula fracture to be healed in a minimally displaced position. Currently, the injured worker complains of constant pain in his right ankle with popping and clicking. A request is made for an operative arthroscopy, extensive debridement, chondroplasty, right ankle, post-operative physical therapy Qty: 8, and assistant surgeon. Utilization review non-certified the surgery due to lack of documentation of recent physical therapy. The decision is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative arthroscopy, extensive debridement, chondroplasty, right ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Arthroscopy, Diagnostic Arthroscopy.

Decision rationale: ODG guidelines recommend diagnostic arthroscopy to evaluate the articular surface of fractures of the ankle. However, the role of diagnostic arthroscopy is limited due to increased accuracy of radiological procedures. In this case, the fracture is over 1-year-old. There is a question of malunion based upon the imaging studies. The CT scan shows bony bridging across the fracture but the MRI scan shows posterior displacement of the distal fragment. There is continuing pain and mechanical symptoms as well as evidence of synovitis. As such, a diagnostic arthroscopy to evaluate the articular surface of the fracture would be indicated. The injured worker received physical therapy in the past and additional therapy at this late stage of the fracture is not likely to be of benefit. Furthermore, ODG guidelines indicate that ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems such as synovitis and chondral lesions that may not be evident on MRI scans. Therefore, the request for debridement and chondroplasty is appropriate and medically necessary.

Post-operative physical therapy Qty: 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 21 visits over 16 weeks for fracture of the ankle. The initial course of treatment is 10 visits and then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 11 visits may be prescribed. The request as submitted is for 8 visits which are within the guidelines. As such, the medical necessity of the request is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation cms.gov 250.9 - Coding Assistant at Surgery Services Rendered in a Method II CAH (Rev. 1620; Issued: 10-24-08; Effective: 01-01-08; Implementation: 04/06/09).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Physicians as Assistants at Surgery 2013 Study.

Decision rationale: The American College of Surgeons 2013 study indicates that for operative arthroscopy with debridement of the ankle a Surgical Assistant is sometimes but not almost always needed. As such, the medical necessity of an assistant surgeon is supported. Therefore, the request is medically necessary.