MAXIMUS Federal Services

Case Number:	CM15-0086851		
Date Assigned:	05/11/2015	Date of Injury:	05/14/2008
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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 53-year-old male who sustained an industrial injury on 5/13/08. Injury occurred when he slipped on a slick surface, twisting his left ankle and landing directly on his left knee. He reported that he felt a pop in his ankle and knee with immediate onset of pain. Past surgical history was positive for left ankle arthroscopic surgery in 2012. Past medical history was reported negative. Records documented current medications to include Anaprox and Prilosec. The 11/9/14 left ankle MRI impression documented stable appearance of an old healed chronic osteochondral injury of the talar dome with no recent injury and overall normal bony alignment. The tendons of the left ankle were intact; specifically the peroneal tendons appeared unremarkable and normally positioned. There was persistent abnormal fluid within the sinus tarsi that may reflect mild sinus tarsi syndrome; however, the tarsal ligaments were intact. Findings documented a 3 mm chronic osteochondral lesion of the talar dome. Requests were documented in the records for Synvisc injections to address the osteochondral lesion but were not certified. The medical necessity of potential arthroscopic surgery to address the osteochondral defect was opined by the podiatrist. The 12/22/14 three-phase bone scan impression documented a negative lower extremity scan with special attention paid to the left ankle. The 3/17/15 podiatry report cited continued significant left ankle pain and difficulty with weight bearing and ambulation. He was unable to perform toe walking, toe standing, squatting, and crouching, and had pain functionally and biomechanically. He demonstrated poor gait and had continued painful weight bearing. Range of motion was extremely painful and cryptic, difficulty with palpation, and persistent swelling. Left ankle range of motion testing documented dorsiflexion 10, plantar

flexion 15, inversion 10, and eversion 10 degrees. He had undergone almost 15 injections throughout his treatment and physical therapy to no avail. He had intervention therapy and other modalities for much more than one year. The diagnosis was status post failed arthroscopic surgery of the left ankle, status post repair of the lateral aspect of the ankle joint peroneal tendons with sural nerve entrapment, sural neuritis, left saphenous nerve entrapment, anterior peroneal nerve, and ankle derangement, and painful gait. The treatment plan recommended left ankle surgery with extensive debridement. Authorization was submitted for arthroscopy with extensive debridement of left ankle, surgical assistant, per-operative medical clearance and post-operative DME. The 4/9/15 utilization review non-certified the request for left ankle arthroscopy with extensive debridement and associated surgical requests as there was no documentation of intra-operative findings and no diagnostic or imaging studies submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy W/ Extensive Debridement Left 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 (ODG), Online Version, Arthroscopy and http://www.ncbi.nlm.nih.gov/pubmed/18260486 - Arthroscopic ankle debridement: 5-year survival analysis.

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, 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 ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Guideline criteria have been met. This injured worker presents with persistent left ankle pain with functional difficulties in gait and weight bearing activities. Clinical exam findings are consistent with imaging evidence of an osteochondral lesion of the talar dome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content/aspx.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing, General.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, plausible long-term use of NSAIDs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associates Surgical Services: Surgical Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, arthroscopy.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29898, there is a [2] in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.