

<b>Case Number:</b>	CM13-0017249		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 62-year-old gentleman injured 04/15/09. He sustained an injury to the right ankle. Recent clinical assessment for review includes a progress report by [REDACTED] of June 7, 2013 indicating ongoing complaints of pain about the ankle stating a recent diagnostic injection provided only one day of relief with more pain over the subtalar joint. Objectively there was noted to be normal range of motion, but tenderness at endpoints of dorsiflexion with restricted range of motion of inversion and eversion of the subtalar joint. There is continued pain over the subtalar joint to palpation. An intra-articular injection of the subtalar joint was performed at that date. It stated that based on the claimant's continued findings that included internal derangement to both the internal and the subtalar joint, surgical process was recommended. There was discussion regarding potential need for arthroplasty to the subtalar joint. Further clinical records are not documented. No formal imaging reports are available for review, but documentation of a prior 10/25/11 MRI showed fluid around the flexor hallucis longus tendon with an abnormal signal. At present, there is a surgical request in the form of a diagnostic arthroscopy to the ankle and an arthrotomy to the subtalar joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Request for arthroscopy of the right ankle:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot Chapter.

**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 Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Arthroscopy.

**Decision rationale:** Based on Official Disability Guidelines, as well as California MTUS Guidelines, surgical arthroscopy to the ankle for diagnostic purposes in this case would not be supported. At present, the claimant is with no current diagnosis, clinical imaging or physical examination finding that would meet clinical criteria for the role of diagnostic arthroscopy. While guideline criteria can recommend the role of arthroscopy for ankle instability, septic arthritis, arthrofibrosis or removal of loose bodies, it is only done so with poor quality evidence. Records in this case, however, fail to demonstrate any of the abovementioned diagnoses. As stated above, the absence of clinical imaging at present would clinically fail to necessitate the acute need of an arthroscopic procedure in this case.

**arthrotomy of the right subtalar joint:** 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 and Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure - Fusion (arthrodesis)

**Decision rationale:** When looking at CA MTUS and Official Disability Guidelines the role of an arthrotomy to the subtalar joint also would not be supported. The claimant's last clinical assessment of June 7th indicated potential need for subtalar joint fusion. This procedure or arthrotomy procedure is not supported by Official Disability Guidelines criteria. Given the lack of imaging and symptomatic exam findings, the role of surgical arthrotomy to the subtalar joint in this clinical setting also would not be supported.