

<b>Case Number:</b>	CM14-0213789		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California  
 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:

34-year-old claimant with a reported industrial injury of August 13, 2013. MRI of right ankle from March 27, 2014 demonstrates a linear hyper intense signal likely represents a tibialis posterior, Flexor digitorum longus and peroneus longus tendon strain. Exam note September 24, 2014 demonstrates that acupuncture did not help with symptoms long term. Examination demonstrates pain on the lateral aspect of the ankle. The anterior drawer test is noted to be mildly positive. There is increased in inversion of the right ankle versus the left. Request is made for right ankle arthroscopy and subtalar arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle and subtalar arthroscopy with debridement and possible repair of the ligamentous structures:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): (s) 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Ankle & Foot Procedure Summary

**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:** CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case there is no evidence in the cited records from 9/24/14 of significant pathology to warrant surgical care. Therefore the determination is not medically necessary and appropriate.