

Case Number:	CM15-0002818		
Date Assigned:	01/13/2015	Date of Injury:	07/19/2007
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 is a 62 year old male who sustained an industrial injury on 07/19/2007. He sustained injuries to the head and left ankle. Diagnoses include traumatic arthropathy of the left ankle and foot and left ankle posttraumatic arthritis with ankle impingement. He is status post extensive arthroscopic debridement of the left ankle, open left ankle arthrotomy, partial excision of left tibia and partial excision of left talus on 10/12/2009. Treatment to date has included physical therapy, medications, and injections. In a physician progress note dated 12/01/2014 the injured worker complains of pain over the anterior aspect of the ankle joint, and he is starting to feel pain along the lateral border of the left foot as well. He is able to dorsiflex 5 degrees past neutral and plantarflex 45 degrees. There is pain at the extreme of motion. There is mild crepitus and tenderness over the anteromedial and anterolateral aspect of the left ankle. Treatment requested is for 1 preoperative urinalysis, 1 preoperative complete Blood Count and Basic Metabolic Panel, left ankle arthroscopic debridement, and 1 preoperative electrocardiogram. On 12/09/2014 the Utilization Review non-certified the request for 1 left ankle arthroscopic debridement citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Ankle and Foot Complaints, and Official Disability Guidelines. There is also a request for preoperative Complete Blood Count and Basic Metabolic Panel, preoperative Electrocardiogram, and preoperative Urinalysis. However, the requested surgery must be duly authorized as deeming appropriate and necessary in which the medical records submitted failed to support this yet. The

medical necessity of the surgery is not medically necessary, and the laboratory studies and Electrocardiogram is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopic Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Arthroscopy, treatment of ankle arthritis

Decision rationale: The injured worker is a 62-year-old male with a history of head injury and left ankle injury on 7/19/2007 when he fell off a scaffolding. He is diagnosed with traumatic arthritis of the left foot and ankle and ankle impingement. He underwent extensive debridement of the left ankle, open ankle arthrotomy, partial excision of the left tibia and partial excision of the left talus on 10/12/2009. There was recurrence of pain for which she was seen on 10/31/2014. The notes indicate that the pain was mostly anterior and involved the ankle joint. X-rays were obtained but the radiology report is not submitted. The diagnosis was traumatic arthritis. The notes indicate that osteophytes had been resected from the anterior ankle in the past. The ankle was injected with steroids and there was a brief period of improvement. Surgery was then advised with arthroscopic debridement of the ankle. Other than the one injection, no other conservative treatment has been documented. California MTUS guidelines indicate surgical considerations for activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and 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 requested procedure is arthroscopy of the left ankle with arthroscopic debridement of post-traumatic arthritis. However, there is no recent objective imaging report submitted. There is no recent nonoperative treatment protocol documented for weeks/months with trial/failure. ODG guidelines do not recommend arthroscopy of the ankle for treatment of ankle arthritis. Joint space narrowing is a relative contraindication to arthroscopy. The radiology report pertaining to the ankle x-rays is not submitted and so the degree of arthritis is not known. Removal of loose bodies is mentioned but there is no documentation indicating that loose bodies are present. As such, the request for arthroscopy of the ankle with debridement is not supported by guidelines and the medical necessity is not established.

Associated surgical service: Pre-operative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Section: Ankle and Foot, topic: arthroscopy, treatment of ankle arthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1 Pre-operative complete blood count and basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Arthroscopy, treatment of ankle arthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre-operative Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Arthroscopy, treatment of ankle arthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.