

Case Number:	CM15-0006545		
Date Assigned:	01/26/2015	Date of Injury:	02/21/2013
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 56-year-old female with a reported date of injury on 09/13/2011; the mechanism of injury was not provided. The injured worker's diagnoses were noted to include right front ankle sprain with Achilles tendinitis and plantar fasciitis. The injured worker's previous conservative therapy and medication use was not provided. The clinical note dated 08/01/2014, noted the injured worker had complaints of constant pain in the right ankle/foot, aggravated by ascending and descending stairs and lifting and bending. It was noted the pain was rated 8/10. On physical examination there was tenderness of the right Achilles tendon, with 'protuberant' of the posterior aspect of the calcaneal, as well as limited range of motion. Muscular strength of the ankle and foot were normal, and there was no evidence of instability. Under the treatment plan, it was noted the physician was still awaiting authorization for right ankle surgery with the ankle specialist. However, there was no mention of what actual surgery had been requested and there was no rationale for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Arthroscopic Surgery of Right Ankle with Osteochondral Drilling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 19th Edition, 2014 Update, Ankle Procedure, Arthroscopy

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 & Foot, Arthroscopy. Other Medical Treatment Guideline or Medical Evidence: <http://www.orthobullets.com/foot-and-ankle/7034/osteochondral-lesions-of-the-talus>.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, referral for surgical consideration in patients with ankle/foot complaints may be indicated when there is evidence of activity limitation for more than 1 month, without signs of functional improvement, patients who have undergone exercise programs that have failed to increase range of motion strength of the musculature around the foot and ankle, and there is clear, clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, according to the Official Disability Guidelines, ankle arthroscopy surgery may be indicated in patients that a diagnosis of impingement, osteochondral defect, loose body, adhesions, and/or instability. Furthermore, according to the referenced medical literature, osteochondral drilling may be indicated in patients that have evidence of osteochondral lesions of the talus, and patients that have an intact cartilage gap greater than 1 cm. It remains unclear from the documentation provided as to why the physician believes that arthroscopic surgery of the right ankle with osteochondral drilling is necessary. There is a lack of evidence that the injured worker has osteochondral lesions of the talus, and there is a lack of evidence provided that the injured worker has an intact cartilage gap greater than 1 cm. Additionally, there is a lack of evidence in the documentation that the injured worker has clear clinical and imaging evidence of a lesion that would benefit from both the short and long term treatment of surgical repair and there is lack of evidence that the injured worker has failed an exercise program to increase range of motion and strength. Therefore, the request for outpatient arthroscopic surgery of the right ankle with osteochondral drilling is not medically necessary.

Surgical Assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 18th edition, Assistant Surgeon

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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