

Case Number:	CM15-0008093		
Date Assigned:	01/22/2015	Date of Injury:	01/20/2012
Decision Date:	03/16/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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: New York, New Hampshire, Washington
 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 56 year old female with an industrial injury dated 01/20/2012. Her diagnoses include left ankle lateral ligament sprain with soft tissue impingement, left foot plantar fasciitis, and left tarsal tunnel syndrome. Recent diagnostic testing has included a MRI of the left ankle (04/11/2012) showing multiple abnormalities and an x-ray (01/05/2015) showing a small ossicle distal to the fibula. She has been treated with physical therapy, a brace for the left ankle, medications, and injections. In a progress note dated 01/05/2015, the treating physician reports continued severe pain in the left ankle, despite treatment. The objective examination revealed instability with inversion, and tenderness in the left ankle and foot. The treating physician is requesting pre-operative clearance, surgical procedures, durable medical equipment and post-op physical therapy which were denied by the utilization review. On 01/13/2015, Utilization Review non-certified a request for left ankle arthroscopy with ligament reconstruction, noting the absence of x-rays showing greater than 15 of angulation or motion at the subtalar joint to satisfy guideline criteria. The ACOEM Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for endoscopic plantar fascia release, left foot, noting the lack of conservative treatments. The ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for surgical implants, noting the denial of the surgical procedure for which this service is requested. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 01/13/2015, Utilization Review non-certified a request for 3.0 mm suturetak anchor by arthrex, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for pre-operative medical

clearance, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 01/13/2015, Utilization Review non-certified a request for crutches, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for walker, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for Cam-walker boot for left foot, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for initial post-op physical therapy twice a week for 4 weeks for the left ankle, noting the denial of the surgical procedure for which this service is requested. The ACOEM and ODG Guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of left ankle arthroscopy with ligament reconstruction and endoscopic plantar fascia release, surgical implants and 3.0 mm suture anchor by arthrex #2, pre-operative medical clearance, crutches or walker, Cam-walker boot for left foot, and initial post-op physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy with Ligament Reconstruction.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

Decision rationale: 56 yo female with chronic left ankle pain. The patient has had PT, NSAIDS, and bracing. Still has pain. MRI shows multiple degenerative changes. The patient has been diagnosed with chronic ankle sprain. Need for ligament surgery. The patient does not have great than 15 degrees of instability on radiographs. MTUS criteria for ligament reconstruction not met.

Associated Surgical Service: Endoscopic Plantar Fascia Release, Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

Decision rationale: The patient does not meet criteria for for plantar fascia surgery release. There is not adequate documentation in the records of trial and failure of conservative measures for plantar fasciitis such as orthotics, exercises, and injections. MTUS criteria for surgery not met.

Associated Surgical Service: Surgical Implants: 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): 374-382.

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

Associated Surgical Service: 3.0 mm Suturetak Anchor by Arthrex: 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): 374-382.

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

Associated Surgical Service: Crutches: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

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

Associated Surgical Service: Walker: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

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

Associated Surgical Service: Cam-Walker Boot for Left Foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

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

Initial Post-operative Physical Therapy 2 x week for 4 weeks for Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

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

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. Bibliographic Source (s) Bloomington (MN): Institute for Clinical Systems Improvement; 2014 Mar. 124 p.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-382.

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