

<b>Case Number:</b>	CM15-0010892		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Illinois, California, Texas  
 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 53 year old female, who sustained an industrial injury on 8/20/14. Injury occurred when she tripped over a skateboard and fell, twisting her ankle and knee. She was diagnosed with lumbar strain, bilateral knee strain, and right ankle sprain. Past medical history was positive for a right ankle fracture in the 1970s, and a severe sprain in 2005. The patient reported severe corticosteroid injections from 2010 to 2014, predating the industrial injury. Conservative treatment following the 8/20/14 industrial injury included CAM walker, elevation, and ice for the ankle, and physical therapy for the knees. The 5/17/14 right ankle MRI documented a chronic anterior talofibular ligament tear, tibiotalar osteoarthritis, chronic avulsion of the tip of the lateral malleolus, interval development of a ganglion cyst along the lateral margin of the sinus tarsi, and stable bone cyst of hemangioma within the cuboid. The 11/11/14 orthopedic report cited multiple complaints of pain in the lower extremity. There was pain on the 2nd toe, 3rd webspace, along the medial malleolus, in the sinus tarsi region, and on the anterior ankle. Past medical history was positive for fibromyalgia. Right ankle dorsiflexion was 10 degrees with the knee bent and caused anterior ankle pain. With the knee straight, dorsiflexion was only to neutral. Anterior drawer and eversion was stable. There was pain along the anterior aspect of the right ankle. Review of pre-injury ankle x-rays and MRI was documented. The diagnosis included right ankle posttraumatic osteoarthritis exacerbated by recent injury. The treatment plan recommended an ankle arthroscopy to try to clean up the osteophytes and loose cartilage debris. On December 19, 2014 utilization review non-certified a request for A-Scope, right ankle with debridement and shaving or removal of cartilage as needed and post-operative

physical therapy, twice a week for 6 weeks for the right ankle, noting no documentation of conservative treatment and no current magnetic resonance imaging (MRI). The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated January 19, 2015. The patient appeal letter indicated that she had constant pain in the right ankle, with weakness and feeling that it may give out at any moment. Difficulty was noted in prolonged standing, walking uphill and up stairs. The pain changed the way she walked and was causing pain in other parts of her body. She reported that arthroscopic surgery had been planned prior to this injury based on the 5/17/14 MRI findings.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**A-Scope, Right Ankle with Debridement and shaving or removal of Cartilage as needed:**  
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, Arthroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Ankle and Foot: Arthroscopy

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines state that ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Arthroscopic treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Guideline criteria have not been met. This patient presents with a history of right ankle chronic ligament tear and osteoarthritis. A new injury occurred on 8/20/14. Ankle arthroscopy has been requested to treat ankle arthritis and remove loose bodies. There has been no x-ray or MRI evaluation of the right ankle since the date of injury. There are no current clinical exam findings of instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for A-Scope, right ankle with debridement and shaving or removal of cartilage as needed is not medically necessary.

**Post-operative Physical Therapy, twice a week for 6 weeks for the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

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

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