

<b>Case Number:</b>	CM15-0014700		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female who sustained an industrial injury on 04/04/2012. The current diagnoses include status post twisting injury-left ankle and foot, post-traumatic arthrofibrosis/synovitis with lateral impingement lesion, left ankle, chronic left ankle instability, plantar fasciitis-left foot, status post strain/sprain-right ankle with residual arthralgia, repetitive strain injury-right shoulder with rotator cuff tear/impingement, status post surgical repair, strain/sprain-thorocolumbar spine, and small osteochondral lesion, medial talar dome-left ankle. Treatments to date include medications, physical therapy, ankle-foot orthotic, shoulder splint, supportive shoes, walker, and cortisone injection. Report dated 12/18/2014 noted that the injured worker presented with complaints that included increasing pain in the left ankle, right ankle, and right shoulder. Physical examination was positive for abnormal findings. The physician noted that the injured worker has failed all conservative treatments to include multiple cortisone injections, physical therapy, use of hinge brace AFO, supportive shoes, and pain management. Noting that she meets criteria for surgery per the guidelines. The utilization review performed on 01/23/2015 non-certified a prescription for left ankle arthroscopic debridement based on documentation submitted did not support impingement syndrome of the ankle. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle arthroscopic debridement:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** According to MTUS guidelines, ankle surgery is indicated: Referral for surgical consultation may be indicated for patients who have:- 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- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There is documentation that the patient condition fulfilled the criteria. There is no documentation that the patient developed and lateral impingement of the ankle. There is no physical examination on x-ray supporting the diagnosis. Therefore, the request for left ankle arthroscopic debridement is medically necessary.