

Case Number:	CM15-0114275		
Date Assigned:	06/23/2015	Date of Injury:	04/28/2009
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, Oregon
 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 59 year old female, who sustained an industrial injury on 04/28/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic sprain/strain of the left ankle with magnetic resonance imaging evidence of degenerative changes/partial thickness chondral loss talar dome and synovitis, post left carpal tunnel release, and chronic lumbar spine strain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left foot, status post carpal tunnel syndrome surgery, medication regimen, intra-articular cortisone shot, and therapy. In a progress note dated 05/04/2015 the treating physician reports complaints of persistent, severe pain to the left ankle with swelling and pain to the left elbow with occasional swelling. Examination reveals pain with range of motion to the left ankle and slight sinus tarsi syndrome of the left ankle. The treating physician requested arthroscopy of the left ankle with documentation from 03/31/2015 noting that the injured worker remains symptomatic after conservative treatments performed. The treating physician also requested post-operative physical therapy for approximately 12 to 24 sessions and a walker, but the documentation did not indicate the specific reasons for the requested therapy and equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. Per the ODG Ankle and Foot criteria, "Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures." In this case, the MRI shows degenerative changes of the ankle. Based on the guideline above, arthroscopy and debridement is not indicated for arthritis. Therefore, this request is not medically necessary.

Post-operative durable medical equipment (DME) walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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

Post-operative physical therapy (unknown): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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