

Case Number:	CM15-0126554		
Date Assigned:	07/20/2015	Date of Injury:	11/17/2011
Decision Date:	08/14/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 52 year old female, who sustained an industrial injury on 11/17/11. The injured worker was diagnosed as having a history of lateral ligamentous reconstruction for ankle instability with persistent severe pain, status post right ankle arthroscopy with extensive debridement and synovectomy on 12/13/13, and evidence of bone on bone lateral talar dome osteoarthritis and medial gutter bone on bone osteoarthritis of the right ankle. Treatment to date has included multiple injections, physical therapy, heat application, medication, and a home exercise program. A physician's report dated 6/3/15 noted difficulty walking and 8/10 right ankle pain. Palpable effusion of the ankle joint with mechanical grinding on circumduction with sharp pain was also noted. Plantar flexion and dorsiflexion range of motion was decreased. Currently, the injured worker complains of right ankle pain. The treating physician requested authorization for right ankle arthroscopy, extensive debridement, microfracture and drilling of talar dome. Post-operative requests included physical therapy x8 for the right ankle, crutches, a right ankle boot, a 6-week rental of a knee scooter, Percocet 5mg #80, and Ultram 50mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy, Extensive Debridement, Microfracture and Drilling of Talar Dome: 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), Treatment Index 13th Edition (web), 2015, Ankle and Foot, Arthroscopy.

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 there is evidence of arthritis. The request is for a non-recommended procedure; therefore the request is not medically necessary.

Post-Operative Physical Therapy (8-sessions) for right ankle: 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) Treatment Index 13th Edition (web), 2015, Ankle and Foot, Arthroscopy.

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 Crutches, unknown rental vs purchase, right ankle: 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) Treatment Index 13th Edition (web), 2015, Ankle and Foot, Arthroscopy.

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 Right Ankle Boot: 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) Treatment Index 13th Edition (web), 2015, Ankle and Foot, Arthroscopy.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Knee Scooter for the Right Ankle (6-week rental): 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) Treatment Index 13th Edition (web), 2015, Ankle and Foot, Arthroscopy.

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 Percocet 5mg, 1-2 by mouth every 4 hours as needed for pain, #80 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Ultram 50mg, 1 by mouth 3 times daily as needed for pain, #90 with 1 refill (current use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 80-81 and 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): s 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents

such as NSAIDs fail. In this case there is no documentation of response to other medications or functional improvement from prior Tramadol. Therefore use of Tramadol is not medically necessary.