

<b>Case Number:</b>	CM15-0127437		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 was a 50 year old male, who sustained an industrial injury, February 14, 2014. The injured worker previously received the following treatments Anaprox, Tramadol, Protonix, Cyclobenzaprine, left ankle MRI on February 17, 2015 showed a healing distal left fibular spiral fracture, the fracture line was still visible, a moderate sprain of the anterior talofibular ligament, mild to moderate sprain of the anterior syndesmotom ligament, moderate sprain of the posterior talofibular ligament, mild sprain of the posterior syndesmotom ligament and minimal sprain of the calcaneofibular ligament and trace tibiotalar joint effusion; right shoulder arthroscopic surgery on April 14, 2015 and physical therapy for the right shoulder. The injured worker was diagnosed with right shoulder partial rotator cuff tear with impingement, left ankle fracture, lateral malleolus, thoracic myofascial pain, and post contusion syndrome. According to progress note of May 22, 2015, the injured worker's chief complaint was right shoulder and left ankle pain. The injured worker continued to have pain on inversion as well as lateral tenderness with healed incision. The treatment plan included left ankle arthroscopic debridement for impingement syndrome, preoperative laboratory studies, EKG (Electrocardiography), history and physical, postoperative physical therapy for the left ankle, and a prescription for Keflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle arthroscopic debridement for impingement syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Foot (Acute & chronic) Procedure Summary.

**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 no evidence in the cited records from 5/22/15 of significant pathology to warrant surgical care. In this case the request is for ankle arthroscopy. The procedure is not supported by the guidelines and is not medically necessary.

**Preoperative labs: 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.

**Preoperative EKG: 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.

**Preoperative history and physical: 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.

**Post operative physical therapy for the left ankle, 3x4:** 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.

**Keflex cap 500mg #38:** 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), Infectious Diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66 (1): 119-24.

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex and an alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-24, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. From a review of the medical record submitted no evidence of a wound infection was found to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.