

Case Number:	CM15-0127606		
Date Assigned:	07/17/2015	Date of Injury:	06/19/2003
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	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 is a 46 year old male who sustained an industrial /work injury on 6/19/03. He reported an initial complaint of pain in right ankle. The injured worker was diagnosed as having right anterior ankle impingement s/p talar grafting and avascular necrosis of distal tibia. Treatment to date includes medication, diagnostics, ankle brace, surgery (right talar allograft with recurrent tibiotalar impingement, possible failed allograft). MRI results were reported on 5/26/15. X-ray results reported on 4/13/15 reports no evidence of fracture or dislocation, tibiotalar joint osteoarthritis. Currently, the injured worker complained of gradual increased pain in the right ankle. Per the primary physician's report (PR-2) on 5/27/15, exam noted tenderness of the anterior aspect of the ankle but also in the medial gutter of the ankle, smooth range of motion, and mild swelling. Current plan of care included surgery. The requested treatments include right ankle Arthroscopy Debridement, possible DeNovo Local Chondrocyte Graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy Debridement, possible DeNovo Local Chondrocyte Graft:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & 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) knee.

Decision rationale: CA MTUS/ACOEM is silent on the use of juvenile cartilage graft. Per ODG knee, the procedure is not recommended. There is insufficient evidence to determine the safety and efficacy of these procedures in the treatment of articular cartilage defects of the knee. The request is for a procedure not recommended and is not medical necessary.