

Case Number:	CM15-0170401		
Date Assigned:	09/10/2015	Date of Injury:	08/30/2010
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
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 42-year-old male who sustained an industrial injury on 08-30-10. A review of the medical records indicates the injured worker is undergoing treatment for left foot and ankle pain. Medical records (07-07-15) indicate the injured worker complains of pain in the left foot and ankle, with no pain level reported. The physical exam (07-07-15) reveals tenderness of the distal left leg, calf and ankle as well as the sole of the left foot. Treatment has included 4 surgeries to his left foot and ankle, surgery to the left distal fibula, and medications. The original utilization review (07-28-15) noncertified a left talus osteochondritis dissecans repair with allograft (subchondroplasty) left ankle arthroscopy left distal tibial osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left talus osteochondritis dissecans repair with allograft (Subchondroplasty) left ankle arthroscopy, left distal tibial osteotomy: 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), Ankle & Foot.

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

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of ankle arthroscopy. According to the Official Disability Guideline, 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 provided of significant pathology to warrant surgical care. The CA MTUS/ACOEM Guidelines are silent on the issue osteochondral autologous transfer system (OATS). The Official Disability Guideline does not recommend it in the ankle. While osteochondral autografting has been principally performed on the knee, the OATS technique may have promise in the ankle. Although the OATS procedure is generally reserved for salvage of failed debridement and drilling in the ankle, it may have applications in primary surgical management, but long-term outcome of the OATS procedure is not yet available. As the ODG criteria do not support OATS in the ankle, the decision for the surgical procedure is not medically necessary.