

<b>Case Number:</b>	CM15-0171226		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/07/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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

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 48 year old male who sustained an industrial injury on 09-07-2014. Current diagnoses include osteochondritis dissecans left, sprain of ankle-left, left talus OCD, and left ankle sprain. Report dated 08-04-2015 noted that the injured worker presented for follow up after receiving an ankle injection with significant improvement for almost 2 weeks, but pain has been gradually increasing and is almost back to where it was prior to the injection. Physical examination performed on 08-04-2015 revealed maximal tenderness over the anterolateral aspect of the left ankle, and pain with extreme dorsiflexion. Previous diagnostic studies included a left ankle X-rays and MRI dated 05-14-2015. Previous treatments included medications, injection, and physical therapy. The physician noted that due to the positive response to the pain the injured worker has an intra-articular source of pain. The treatment plan included request for surgery for the left ankle as an outpatient with requests for associated surgical services. Request for authorization dated 08-10-2015, included requests for left ankle arthroscopic debridement and drilling of talus OCD, outpatient facility, pre-operative EKG, pre-operative labs CBC and basic metabolic panel, postoperative 6 sessions of physical therapy, Norco 10/325mg #60 (post-op), and post-operative 6 weeks rental of knee scooter. The utilization review dated 08-15-2015, non-certified the request for left ankle arthroscopic debridement and drilling of talus OCD, pre-operative EKG, pre-operative labs CBC and basic metabolic panel, postoperative 6 sessions of physical therapy, Norco 10/325mg #60 (post-op), and postoperative 6 weeks rental of knee scooter.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left ankle arthroscopic debridement and drilling of talus OCD: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and foot disorder, In: Hegmann KT, editor(s). Occupational medicine practice guidelines, Evaluation management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environment Medicine (ACOEM): 2011. p. 1-268.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have: activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case the exam note from 8/4/15 does not demonstrate a failure of conservative care to warrant the requested procedure. Therefore the request is not medically necessary.

### **Pre-operative EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

### **Pre-operative labs: CBC and basic metabolic panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

**Post-operative 6 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

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

**Norco 10/325mg #60 (post-op):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Post-operative 6 weeks rental of knee scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Rolling knee walker.

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