

Case Number:	CM15-0171429		
Date Assigned:	09/18/2015	Date of Injury:	08/27/2014
Decision Date:	11/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	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, 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 29 year old male with an industrial injury dated 08-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for ankle sprain and ganglion cyst. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (10-27-2014 to 8-05-2015) indicate pain in the right lower extremity. Objective findings (7-27-2015) revealed discomfort with motion of the subtalar joint, discomfort across the anterior aspect of the ankle joint and at the origin off the plantar fascia. The treating physician reported that the injured worker bone scan was positive and prior MRI (12-08-2014) negative. Repeat Magnetic Resonance Imaging (MRI) revealed a small ganglion cyst in the right ankle joint with no other abnormality. According to the progress note dated 08- 05-2015, the injured worker reported constant right ankle pain rated 2 out of 10 with medications and 6 out of 10 without medications. Physical exam revealed slightly antalgic gait, bilateral difficulty with heel and toe walking, muscle spasm in calf region, tenderness over the dorsum of the right foot and ankle and decreased range of motion at the ankle with pain. The treating physician prescribed services for right ankle arthroscopy, subtalar arthroscopy, ligament repair, nerve block, Intra-operative X-ray fluoroscopy, post-op visits to orthopedic surgeon, x6, post-op ankle X-ray, x6, post-op foot X-ray, x6 , associated service: cast materials with cast application, x6, associated service: fracture walker, associated service: knee scooter, 3 months rental, associated service: strapping, x6, now under review. The original utilization review (08-12-2015) denied the request for right ankle arthroscopy, subtalar arthroscopy, ligament repair, nerve block, Intra-operative X-ray fluoroscopy, post-op visits to orthopedic surgeon, x6, post-op ankle X-ray, x6, post-op foot X-ray, x6 , associated service: cast materials with cast application, x6, associated service: fracture walker, associated service: knee scooter, 3 months rental, associated service: strapping, x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy: 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).

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 of significant pathology to warrant surgical care. There is no documentation of ankle injection or ganglion aspiration. Therefore, the request is not medically necessary.

Subtalar Arthroscopy: 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).

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 of significant pathology to warrant surgical care. There is no documentation of ankle injection or ganglion aspiration. Therefore, the request is not medically necessary.

Ligament repair, nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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 guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition, there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case, there is no evidence of stress radiographs having been performed. Therefore, the request is not medically necessary.

Intra-operative X-ray fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op visits to orthopedic surgeon, x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op Ankle X-Ray, x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op foot X-Ray, x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated service: Cast materials with cast application, x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated service: Fracture walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated service: Knee scooter, 3 months rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated service: Strapping, x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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