

Case Number:	CM15-0173439		
Date Assigned:	09/15/2015	Date of Injury:	11/08/2012
Decision Date:	10/16/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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:

This injured worker is a 26-year-old male who reported an industrial injury on 11-8-2012. His diagnoses, and or impressions, were noted to include: status-post arthroscopic right ankle debridement surgery for right talus osteochondral defect, and with ongoing right ankle pain; and osteochondritis dissecans right. No current imaging studies were noted. His treatments were noted to include: left ankle surgery; physical therapy (April 2015); right ankle injection (6-8-2015); medication management; and a return to modified work duties. The medical records noted requests for Norco that dated back to April 9, 2015. The progress notes of 6-12-2015 reported a post-right ankle injection follow-up visit, which initially gave him a lot of pain, but ultimately slightly helpful, and reporting that he felt like he was back to where he was prior to the injection. Objective findings were noted to include: healed prior incisions in the right ankle; maximal tenderness over the anterior-medial aspect of the right ankle, with the pain increasing at the extreme of dorsi-flexion; right ankle range-of-motion of 5-45 degrees; and that the pain was most likely was from scarring with the ankle joint, during the required period of immobility following drilling of osteochondral defects. The physician's request for treatments was noted to include: outpatient arthroscopic debridement of the right ankle joint; followed by aggressive range-of- motion exercises, with 6 post-operative physical therapy sessions, to avoid further scarring; an 8 week rental of a knee scooter or wheelchair, due to being non-weight bearing; and post-operative Norco 10-325 mg, 1 every 4-6 hours as needed for pain, #60. The Request for Authorization, dated 8-24-2015, was for physical therapy 8 sessions was noted in the medical records provided. The Utilization Review of 9-2-2015 modified the request for physical

therapy for the right knee, quantity 8, to a quantity of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right ankle arthroscopic debridement: 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 and Foot Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of ankle arthroscopy. According to the Official Disability Guidelines, criteria for 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, previous arthroscopic debridement of the lesion did not provide any benefit. There is no information provided as to why a different outcome is expected. The request is not medically necessary.

Post-op physical therapy, 2 times a month for 3 months: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Knee scooter or wheelchair (8-week 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Norco 10/325mg #60: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.