

<b>Case Number:</b>	CM15-0176414		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 48 year old male who sustained an industrial injury on 1-16-15. He had complaints of left ankle pain. Diagnosed with traumatic ankle fracture left distal fibula fracture and right knee sprain. Treatments include: cast, crutches, cortisone injections and medications. Progress report dated 8-10-15 reports follow up to left ankle injury. The cortisone injection did not give much relief. He has continued complaints of worsening left ankle pain. He has worn a brace for 6 months with no improvement. The pain radiates to the 2nd and 3rd toes and gets swelling of the ankle with prolong walking and standing. Objective findings: antalgic gait, mild swelling and mild effusion and tenderness over the talus and lateral malleolus. Plan of care includes: x-ray left ankle today, request diagnostic arthroscopy of his left ankle, request follow up with second treating doctor to discuss current MRI, continue to wear ankle brace, continue gabapentin, ice and elevate right ankle 2-3 times per day. Work status: modified duty. Return to clinic on 9-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle surgery (diagnostic arthroscopy): 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 criteria.

**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 from 8/10/15 of significant pathology to warrant surgical care. Therefore, the request is not medically necessary.