

<b>Case Number:</b>	CM15-0026894		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Illinois, California, Texas  
 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 52-year-old male who sustained an industrial injury on 7/10/14. He sustained a plantar flexion type injury of the right ankle when he was knocked down by a forklift and his right foot became wedged by the forklift and buckled. Past medical history was positive for an open heart surgery in 1994. Conservative treatment included Cam walker boot and anti-inflammatory medications. The 9/13/14 right ankle MRI demonstrated a chronic appearing osteochondral defect of the posterolateral aspect of the talar dome measuring 11 x 8.5 mm. There was an associated T2 signal which could represent instability. The alignment of the visualized ankle and hindfoot structure was maintained. There was no significant ankle joint effusion. There was chronic anterior and posterior talofibular ligament thickening, and intact Achilles tendon. There was fluid surrounding the tibialis anterior tendon compatible with tenosynovitis. The 11/11/14 initial orthopedic report documented severe nerve hypersensitivity along the right heel that needed to be addressed before surgery could be considered. Physical therapy was recommended, Voltaren gel prescribed, and a CT scan was ordered. The 12/2/14 right ankle CT scan showed a lateral talar dome osteochondral defect, mild tibiotalar joint osteoarthritis. Findings were consistent with an old distal interosseous ligament tear. There was plantar calcaneal spurring and fascial thickening, and small subchondral cysts of the lateral cuneiform likely from osteoarthritis. The 12/23/14 treating physician report documented improvement in the nerve symptoms with physical therapy. The severe irritation and burning, tingling sensation that he had in the posterior aspect of the right heel had gotten better. He was stable in the Cam walker boot. Physical exam documented irritation and pain along the tibiotalar joint, especially

along the anterior lateral and lateral aspect of the ankle. He had an antalgic gait, anterior pain with dorsiflexion stress, and less irritation and hypersensitivity in the posterior calcaneal region and the heel. The treatment plan recommended right ankle arthroscopy with microfracture of the osteochondral defect which was less than 1.5 cm<sup>2</sup>. On February 3, 2015 Utilization Review non certified right ankle arthroscopy with possible micro fracture, cardiac/medical clearance, pre op labs (CBC, BMP, EKG), Post-operative DME; a leg scooter (crutch alternative), Post-operative physical therapy 2 x week for 6 weeks- to start 6-8 weeks after surgery has been denied citing the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Ankle Arthroscopy with possible micro fracture: 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) Knee Chapter, Ankle, osteochondral autograft Transplant system.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Microfracture surgery (subchondral drilling) and Other Medical Treatment Guidelines Donnenwerth MP, Roukis THECAL SAC. Outcome of arthroscopic debridement and microfracture as the primary treatment for osteochondral lesions of the talar dome. Arthroscopy. 2012 Dec;28(12):1902-7. doi: 10.1016/j.arthro.2012.04.055. Epub 2012 Aug 11.

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MTUS and ODG guidelines do not address microfracture surgery for the ankle. The ODG for microfracture surgery in the knee indicates that the ideal age is 45 or younger and typically requires 2 months of medications or physical therapy, and imaging evidence of a chondral defect on a weight bearing surgery. Conservative treatment is recommended for a minimum of two months with medication or physical therapy treatment. A review of peer literature did not evidence large volume, high quality studies supporting the use of arthroscopic microfracture in the treatment of osteochondral lesions of the talar dome. Guideline criteria have been not been met. There are no large-volume, high quality studies supporting the use of microfracture surgery in the ankle. In the knee, the use of this procedure is limited to younger patients under 45. Detailed evidence of comprehensive non-operative treatment protocol trial and failure has not been submitted. Given these factors, this request is not medically necessary.

#### **Cardiac/ Medical Clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre op labs (CBC, BMP,):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post op DME A leg up Scooter (crutch alternative):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post op Physical Therapy 2 times a week for 6 weeks- to start 6-8 weeks after surgery:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre op EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.