

<b>Case Number:</b>	CM15-0071727		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 32 year old female, who sustained an industrial injury on December 9, 2014, incurring injuries to the right foot and ankle after a wheelchair rolled over her foot. She was diagnosed with a right foot contusion and right ankle sprain. Treatment included anti-inflammatory drugs, diagnostic imaging and pain medications. X rays of the right ankle were unremarkable. Exam note 3/5/15 demonstrates, the injured worker complained of persistent chronic ankle and foot pain. The treatment plan that was requested for authorization included one outpatient right foot/ankle arthroscopy for debridement and mass excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 outpatient right foot/ankle arthroscopy for sinus tarsi debridement/mass excision:**

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), Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Arthroscopy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of ankle avulsion fracture debridement. 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 3/5/15 of significant pathology to warrant surgical care. The ODG criteria cited reports poor quality evidence supporting surgery for loose body removal. Therefore the determination is not medically necessary.