

Case Number:	CM15-0074940		
Date Assigned:	05/04/2015	Date of Injury:	12/30/2013
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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: Minnesota, Florida

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 55 year old female, who sustained an industrial injury on 12/30/2013. She reported that she slipped on the floor she was mopping and sustained an injury to the left ankle. The injured worker was diagnosed as having ankle fracture. Post-surgery treatment included physical therapy, but the documentation provided did not contain treatments that were performed prior to surgery. In a progress note from 10/03/2014, the treating physician noted that the injured worker has had no change in status and no change in objective data, but did not indicate specific symptoms prior to surgical procedure. In an operative report dated 11/13/2014 the treating physician reports that the injured worker underwent subtalar arthroscopy, ankle arthroscopy, manipulation of the ankle, extensive debridement/ankle chondroplasty, and a popliteal block with the preoperative diagnoses of ankle arthritis and loose body in joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for ankle arthroscopy, arthrotomy, subtalar arthroscopy, fluoroscopy, nerve block DOS 11/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Arthroscopy, Subtalar arthroscopy.

Decision rationale: The injured worker is a 55-year-old female who complains of pain and swelling in the left lower extremity associated with tenderness over the distal fibula. Examination revealed full range of motion of the ankle. An x-ray of the ankle revealed a transverse fracture of the distal fibula. An MRI scan of the left foot and ankle was performed on February 15, 2014 which revealed mild distal Achilles tendinosis. The study was otherwise unremarkable. The injured worker underwent surgery on 11/13/2014 consisting of left ankle and subtalar arthroscopy. Subtalar arthroscopy is recommended for specific indications. ODG indications for arthroscopy of the ankle and subtalar joints include chronic pain, swelling, buckling, and/or locking that fails conservative treatment. In patients with chronic lateral ankle pain following an inversion injury, the subtalar joints are completely normal and the pathology is usually limited only to the ankle joint. In patients with the following diagnoses: synovitis, degenerative joint disease, subtalar dysfunction, chondromalacia, nonunion of loss trigonum, arthrofibrosis, loose bodies, and osteochondral lesions of the talus the results of subtalar arthroscopy are good to excellent in treatment decision making. The documentation submitted does not indicate failure of conservative treatment with medication, physical therapy and corticosteroid injections. The MRI scan did not show evidence of synovitis, degenerative joint disease, subtalar dysfunction, chondromalacia, nonunion of os trigonum, arthrofibrosis, loose bodies and osteochondral lesions of the talus for which the procedure is indicated. As such, the request for ankle arthroscopy, arthrotomy, subtalar arthroscopy, fluoroscopy, and nerve block is not medically necessary.