

Case Number:	CM15-0097741		
Date Assigned:	05/29/2015	Date of Injury:	08/27/2013
Decision Date:	07/14/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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:

The injured worker is a 53 year old male, who sustained an industrial injury on August 27, 2013. He reported jamming his foot and ankle as he stumbled down the stairs. The injured worker was diagnosed as having capsulitis impingement of the right ankle, osteochondral defect of the right ankle, and post-traumatic arthritis of the right ankle. Treatment to date has included MRIs, cortisone injections, physical therapy, and medication. Currently, the injured worker complains of pain to the anterior aspect of the right ankle. The Treating Physician's report dated April 29, 2015, noted the injured worker was seen for a surgical consultation regarding his right ankle. The injured worker reported his pain was rated as a 3/10, with a fracture of the left ankle noted a month after his injury. The injured worker's current medications were listed as Benazepril and Lipitor. Physical examination was noted to show tenderness to deep palpation in the anterior central portion of the ankle joint, with pain to the central anterior aspect of the right ankle to palpation and with loading of the ankle in a squat position. The treatment plan was noted to include requests for authorization for a right ankle arthroscopy with debridement and possible repair of the osteochondral defect if warranted, preoperative medical clearance, an assistant surgeon, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy with debridement and possible repair of the osteochondral defect: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

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 documented evidence of prolonged, symptoms, surgical pathology on MRI typically improved with surgical intervention and maximal non-operative treatment including PT, medications, bracing and injections. Based on this, the request is medically necessary.

Associated service: Assistant surgeon: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases are felt to warrant the use of a surgical assistant. The requested procedure is ankle arthroscopy. Given the level of complexity of the surgery, it is not felt to be medically necessary to have an assistant. Therefore, this request is not medically necessary.

Associated Service: Twelve session of post-operative physical therapy to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 12.

Decision rationale: CA MTUS post surgical treatment guidelines for the ankle page 12: Fracture of ankle (ICD9 824): Postsurgical treatment: 21 visits over 16 weeks with half the visits recommended initially pending re-evaluation. The visit of 4/29/15 notes that the worker has an ankle fracture. In this case, the request is for 12 visits while the guidelines recommend 10 initially. Based on this the request is not medically necessary.