

Case Number:	CM15-0097837		
Date Assigned:	05/28/2015	Date of Injury:	04/10/2013
Decision Date:	08/21/2015	UR Denial Date:	04/30/2015
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
 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:

This is a 36-year-old male with an April 10, 2013 date of injury. A progress note dated April 15, 2015 documents subjective findings (right ankle), objective findings (continued irritation and pain along the anterolateral aspect; joint line tenderness; limping, antalgic gait; decreased range of motion secondary to pain), and current diagnoses (intense stress related edema with subcortical cyst; thinning of the osteochondral cartilage cap). Treatments to date have included bracing, physical therapy, Magnetic resonance imaging of the right ankle (March 31, 2015; showed intense stress-related edema in the talar dome with osteochondral lesion with bony inflammation and edema throughout the talar dome), home exercise, and medications. The treating physician documented a plan of care that included right ankle arthroscopy and subchondroplasty, associated services, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy and subchondroplasty with retrograde drilling and filling of the subcortical cyst with calcium sulfate cement; Right ankle arthroscopy and subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Diagnostic Arthroscopy; Treatment of osteochondral lesions of the talus: a systematic review.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement, (2) Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, (3) 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 guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 4/15/15 of significant pathology to warrant surgery. There is lack of a clear surgical lesion from the MRI of 4/15/15. Therefore, the guideline criteria have not been met and determination is not medically necessary.

Associated Surgical Service: Oxycodone 5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated Surgical Service: Vistaril 25mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated Surgical Service: Eliquis 2.5mg bid for 28 days or Lovenox 40mg qd for 14 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated Surgical Service: A leg up scooter (a 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 cite any medical evidence for its decision.

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

Associated Surgical Service: Post-op physical therapy 2 x per week x 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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