

Case Number:	CM15-0099607		
Date Assigned:	06/02/2015	Date of Injury:	07/02/2014
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 31 year old male, who sustained an industrial injury on 7/2/14. He has reported initial complaints of left ankle pain. The diagnoses have included left ankle joint impingement, left ankle arthritis/bone spur, and acquired left flat foot. Treatment to date has included diagnostics, medications, off work, bracing, orthotics, orthopedic consult, cortisone injections, conservative care and home exercise program (HEP). Currently, as per the physician progress note dated 4/15/15, the injured worker complains of left ankle/foot pain and discomfort especially after running up and down a hill with exercise or carrying equipment and doing heavy work. The injured worker completed the orthopedic consult and has decided to pursue surgical option. The pain level is rated 0-6/10 on pain scale. He denies swelling, pain radiation or numbness and tingling. He reports that he still cannot jump. He takes Motrin with some relief and does a home exercise program (HEP). The objective findings/physical exam reveals tenderness to palpation of the left ankle and Achilles tendon exhibits pain. The rest of the exam was unremarkable. The diagnostic testing that was performed included x-ray of the left ankle 6/19/14 reveals no significant abnormality. However, the physician notes that he reviewed the x-rays and has found non-weight bearing, positive ankle degenerative joint disease and spurring anterior and posterior. There is no report of the x-ray noted in the records. Treatment plan was to request surgery, continue with home exercise program (HEP) and take non-steroidal anti-inflammatory drugs. Work status is full work duty. The physician requested treatment included Left ankle arthroscopy; possible arthrotomy and bone spur removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle arthroscopy, possible arthrotomy and bone spur removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Arthroscopy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle arthroscopy. 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 conflicting evidence regarding the x-ray of 6/19/14. There is one interpretation of normal which appears to be cut and pasted from the official radiologic report and then the treating physicians own interpretation. Arthroscopy could be indicated in this case, but given the discrepancy there is insufficient evidence of significant pathology to warrant surgical care. Therefore the determination is for not medically necessary.