

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 8/13/2004
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012740

- 1) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopic debridement of left ankle lateral, lateral ankle stabilization left is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopic debridement of left ankle lateral, lateral ankle stabilization left** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 53-year-old employee, who sustained a left foot/ankle injury on 8/13/2004. The mechanism of injury was not provided. The employee's diagnosis was documented as bilateral plantar fasciitis/fascioliasis, left greater than right; chronic left ankle arthrofibrosis with impingement lesion; bipolar left ankle instability. The conservative care to date has been documented as CAM boot; 6 sessions of physical therapy without meeting any goals; night splint, Tramadol injection, Norco, Motrin, Tylenol, Naprosyn; motion control orthotics, work restrictions. The claimant is 5'4"; 260 lb; BMI 46.79.

The 12/9/2012 MRI of the left foot report conclusion was moderate to advanced tendinosis of distal tibialis posterior tendon; thickening and edema of tibiospring and spring ligaments from recent injury or altered mechanics; complete tear of anterior talofibular ligament; Achilles tendinosis with suspect peritenonitis; mild soft tissue edema adjacent of the origin of plantar fascia; distal posterolateral leg soft tissue edema; report discussion was fluid seen behind Achilles tendon, 3.5 cm proximal to its distal insertion; anterior talofibular ligament not visible, consistent with prior complete tear.

The 5/22/2013 Dr. [REDACTED] office visit note stated that the employee had continued pain to bilateral feet and left ankle, with the left foot more painful than right foot. The employee's left ankle was giving way resulting in an awkward gait. The pain in the left foot and ankle is 2/10 at rest and 6/10 with repetitive weight bearing. The employee's right foot pain is 2/10 at rest and 4/10 with repetitive weight bearing. There was moderate tenderness to the plantar medial aspect of the left plantar fascia, extending into medial arch. The employee's right foot presents with mild tenderness to plantar medial fascia, not extending into medial arch. The left ankle has moderate tenderness

and 1+ edema to lateral gutter with 2+ anterior drawer and inversion stress, consistent with bipolar left ankle instability. The MRI of 12/9/2012 was reviewed and interpreted as moderate to advanced tendinosis of distal tibialis posterior tendon; thickening and edema of tibial spring and spring ligament from recent injury or altered mechanics; complete tear of anterior talofibular ligament left ankle; Achilles tendinosis with suspected peritendinitis; mild soft tissue edema adjacent to origin of plantar fascia; distal posterolateral leg soft tissue edema. The employee's neuro exam was intact as well as the vascular exam was. The employee demonstrated a perceptible limp and the stride were shortened to the left side. The employee was not displaying heel-toe gait. The plan was arthroscopic debridement of the left ankle, and lateral ankle stabilization.

Dr. [REDACTED] is requesting an arthroscopic debridement of left ankle lateral, lateral ankle stabilization left.

This request was previously reviewed and denied by Dr. [REDACTED] on 7/30/2013 because no notes indicating any conservative care, physical therapy or injections or any responses to these treatments was provided. In addition, repair of ligament tears is controversial and not common practice.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for arthroscopic debridement of left ankle lateral, lateral ankle stabilization left:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Ankle and Foot, Table 2, Summary of recommendations, Ankle and Foot Disorders. The Claims Administrator also cited the ACOEM, 2004, (Occupational Medicine Practice Guidelines) OMPG, Ankle/Foot, Chapter 14, pages 374-375, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 374-375, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines, Ankle chapter, which is not part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. The most recent diagnostic test in this case appears to have been from 2012. There are no recent examination notes. The current MRI is almost a year old. Although some conservative treatments have been provided, it is unclear how the proposed intervention is to improve comfort and function in the employee. There are no recent physical findings on recent examination to confirm disabling instability. Based on the information provided, the proposed intervention cannot be recommended as medically necessary. **The request for arthroscopic debridement of left ankle lateral, and left lateral ankle stabilization is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.