
Notice of Independent Medical Review Determination

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	11/15/2011
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001261

- 1) MAXIMUS Federal Services, Inc. has determined the request for Arthroscopy of Right Ankle, Repair of ATF and CFL Right Ankle **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Crutches **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 Arthroscopy of Right Ankle, Repair of ATF and CFL Right Ankle **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Crutches **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 Orthopaedic 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013

"This is a 39-year-old male with a 11/15/11 date of injury when he twisted his ankle in a hole. Treatment to date has included shockwave therapy for the right ankle and medication."

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 for Independent Medical Review (dated 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/5/2013)
- Medical Records from [REDACTED] (dated 9/25/12)
- Medical Records from [REDACTED], MD (dated 1/15/13-6/4/13)
- Medical Records from [REDACTED], MPT (dated 1/21/13)
- Medical Records from [REDACTED] (dated 3/1/13)
- Medical Records from [REDACTED], DPM (dated 6/19/13-7/18/2013)
- Ankle and Foot Complaints Chapter (ACEOM Practice Guidelines, 2nd Edition (2004), Chapter 14 pgs 374-375)

1) Regarding the request for Arthroscopy of Right Ankle, Repair of ATF and CFL Right Ankle:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14, pg. 374, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right ankle on 11/15/11. The medical records provided for review indicate treatment has included medications, X-rays, and shockwave therapy. The request is for arthroscopy of the right ankle, repair of anterior talofibular ligament (ATF) and calcaneofibular ligament (CFL) of the right ankle.

ACOEM guidelines recommend arthroscopic ankle surgery with ligamentous repair for individuals who have clinically documented evidence and imaging of a lesion that has been shown to benefit from surgery and for individuals who have also failed conservative care. The records provided for review indicate that the patient has undergone conservative care; the MRI dated 3/1/13 does not describe disruption of the ligaments that are slated for repair. The medical records reviewed do not document a well-defined surgical lesion on imaging and/or clinical examination that would meet guideline criteria for surgical reconstruction. The request for arthroscopy of the right ankle with repair of the ATF and CFL of the right ankle **is not medically necessary and appropriate.**

2) Regarding the request for Crutches:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Knee Chapter, a medical treatment guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS did not address the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), (2013 Updates) Knee Chapter, a medical treatment guideline (MTG) which is not part of the MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right ankle on 11/15/11. The medical records provided for review indicate treatment has included medications, X-rays, and shockwave therapy. The request is for crutches. The Official Disability Guidelines (ODG) indicate the need for a walking aid is determined by "...disability, pain, and age-related impairments." Crutches are requested as post-operative care for right ankle surgery. The right ankle surgery has not been deemed medically necessary and appropriate; therefore the request for crutches **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.