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| <b>Case Number:</b>   | CM14-0141237 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 10/02/2013 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 08/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 58-year-old female with an industrial injury dated 10/02/13. MRI of the left ankle dated 02/13/14 provides evidence for a posterior tibial tendinitis but no evidence of tearing or inflammatory degenerative changes. Exam note 06/30/14 states the patient returns with left ankle pain. The patient rates the pain as a 9/10 and that it proceeds to worsen. The patient also complains of right ankle pain, right knee pain, lumbar pain, and shoulder pain all in which are rated as a 5-/10. The patient reports that the medication has help with pain relief. The patient has undergone conservative treatments such as physical therapy, activity modification, transcutaneous electrical nerve stimulation (TENS), home exercises, cold/heat, and stretching. The patient does demonstrate pain when completing the range of motion test with the left foot and ankle. The range of motion is limited and the patient favors the right lower extremity with ambulation. The gait is antalgic, and there is difficulty when rising from a seated to standing position. There was evidence of tenderness surrounding the right knee at the medial aspect, along with crepitation with range of motion assessment. The patient was diagnosed with synovitis left ankle as a result of chronic ankle sprain, right ankle pain, right knee contusion with patellar strength, lumbar myofascial pain, and right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Synovectomy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Ankle and Foot, Ankle arthroscopy

**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 no evidence in the cited records from 6/30/14 of significant pathology to warrant surgical care. Therefore the request is not medically necessary.

**Associated surgical service: post op physical therapy 3 times 4:** Upheld

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

**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.