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| Case Number: | CM14-0146104 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/27/2012 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 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 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:

The claimant is a 48-year-old female who sustained a twisting injury of the right foot and ankle in a work related accident on 02/27/12. The medical records documented that the claimant sustained an inversion injury consistent with an acute right ankle sprain. The report of the MRI of the right ankle dated 05/21/14 identified focal degenerative change of the anterolateral margin of the tibiotalar joint, chronic inflammatory findings of the posterior talofibular ligament and mild Achilles tendinosis. The report of a follow up clinical visit on 07/07/14 was hand written and did not include documentation of formal examination findings. The report recommended surgery for arthroscopy and microfracture of the claimant's osteochondral lesion. The medical records did not include documentation of any other imaging reports or other forms of conservative care noted. This review is for right ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot/Ankle, Wellness online ,ACC/AHA 2007 Guidelines Pain Chapter

MAXIMUS 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Arthroscopy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right ankle arthroscopy is not recommended as medically necessary. ACOEM Guidelines recommend the indications for surgery include clear evidence of imaging lesion has been shown to benefit in both the short and long term for surgical process. While the medical records document that the claimant has inflammatory findings of the lateral ligaments and some mild underlying degenerative change, there is no indication of the presence of a surgical lesion that would necessitate surgery at this stage in the claimant's clinical course of care. There is no indication of a significant osseous lesion that would require drilling or microfracture procedure. Typically, ACOEM Guidelines do not support surgery in the setting of a chronic ankle sprain for arthroscopy. Therefore, the requested Right ankle arthroscopy is not medically necessary and appropriate.

Pre-op testing/clearance (labs): 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.

EKG: 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.

chest x-ray, x-rays: 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.