

<b>Case Number:</b>	CM13-0005054		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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 Occupational Medicine 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 applicant is an [REDACTED] employee who has filed a claim for lower leg pain reportedly associated with an industrial injury of April 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; external fixation of left ankle fracture; and open reduction and internal fixation of left distal fibular and tibial fracture. In a consultation of April 15, 2013, the applicant was described as having a prior left ankle ORIF surgery in 2001. The applicant had now sustained a comminuted distal tibial and fibular fracture. Surgical remedy for a pilon ankle fracture was endorsed. X-rays of May 29, 2013 demonstrated an external fixator device with good alignment. The fracture of the distal tibial metaphysis was in its healing phase, it was stated. In a June 28, 2013 progress note, an applicant was described as having ongoing issues with ankle pain and that applicant was using a wheelchair. The applicant stated that he was intent on returning to normal activity and wanted to return to work. The external fixator device was intact. X-rays demonstrated some bone formation across the fracture fragments, incomplete. It was stated that the claimant did require removal of an external fixator device and did require revision of the earlier ORIF fractures, which were described as incompletely healed on x-ray

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION OPEN REDUCTION INTERNAL FIXATION (ORIF) LEFT DISTAL FIBULA AND TIBIAL FRACTURE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG KNEE AND LEG (UPDATED 6/7/13), OPEN REDUCTION INTERNAL FIXATION (ORIF).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation WHEELLESS TEXTBOOK OF ORTHOPEDICS, TIBIAL PLAFOND FRACTURE/PILON FRACTURE TOPIC.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, page 374, referral for surgical consultation is indicated in applicants who have clear clinical and radiographic evidence of a lesion, which has been shown to benefit in both short and long-term from surgical repair. In this case, the applicant's tibial plafond fracture/pilon fracture will in fact benefit from a surgical repair. While ACOEM does not address the need for the specific surgery in question, the Wheelless Textbook of Orthopedics does note that current thinking is that external fixation should initially be performed followed by a delayed definitive fixation procedure. Thus, Wheelless Textbook of Orthopedics advocates pursuing a two- staged surgical repair. In this case, the claimant apparently underwent the first-stage external fixation repair and is now planning to undergo more definitive ORIF procedure. This was indicated, appropriate and compatible with the literature and nature of the profound fracture the applicant sustained. The request is certified, on Independent Medical Review.

**REMOVAL OF EXTERNAL FIXATION LEFT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ANKLE AND FOOT (UPDATED 5/6/13), HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION).

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

**Decision rationale:** As with the associated request for the ORIF procedure, the MTUS Guidelines in ACOEM Chapter 14, page 374 does support referral for surgical consultation in applicants who have clear clinical and radiographic evidence of a lesion amenable to surgical correction. In this case, the applicant's left lower extremity fracture does warrant two-stage surgical repair as suggested by the review article on distal tibial fractures referenced below. Applicants with more profound fractures with severe soft tissue injury should initially be fixed with an external fixator. Ultimately, definitive fixation and reconstruction will be performed via subsequent operations; the article goes on to note. Thus, the two-staged operation planned and proposed by the attending provider is compatible with significant, profound fracture which the applicant sustained and the medical literature. Accordingly, the Initial Utilization Review decision is overturned. The request is certified, on Independent Medical Review