

<b>Case Number:</b>	CM13-0011098		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 a represented [REDACTED] employee who has filed a claim for chronic ankle pain associated with an industrial injury on March 23, 2012. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, initial casting and immobilization of an ankle fracture, open reduction and internal fixation (ORIF) ankle surgery (April 10, 2012), postoperative physical therapy, and initial return to the workplace, followed by removal from the workplace in July 2013. A medical-legal evaluation dated March 5, 2013 states that the applicant has persistent pain complaints, is working as a teacher, and has to stay off her foot and ankle to some extent. The applicant is using anti-inflammatory medications. Orthotics and physical therapy are endorsed. The most recent progress report, dated July 23, 2013, states that the applicant is working in child care, and is on her feet 95% of the time. She has been using Lyrica for ankle pain with only some relief. There are some pins and needles sensations. The attending provider suggests that the applicant has pain above the ankle as a result of hardware; it is stated that several nerves are being trapped as a result. Hardware removal is endorsed, and the applicant is placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for hardware removal of the right ankle with full repair of the syndesmotiic ligament in the tibia-fibula joint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines for hardware removal; Is hardware removal a necessity? (Rev Med Suisse. 2009 Apr 29;5(201):977-80.); and Hardware removal: Indications and expectations (J Am Aced Orthop Surg. 2006 Feb;14(2):113-20).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 566. Decision based on Non-MTUS Citation The Handbook of Foot and Ankle Surgery, John Gould, MD, Special Fracture Problems of the Foot and Ankle, page 334.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in chapter 14, surgical options should be considered for applicants who have had activity limitations for greater than one month without signs of functional improvement, who have failed to improve through exercise programs, and who have clear evidence of a lesion which may be amenable through surgical repair. In this case, the applicant does have indwelling painful hardware following prior open reduction and internal fixation (ORIF) surgery, which appears to be the source of her present pain complaints. Conservative treatments have been tried and have failed. The favorable MTUS recommendation is echoed in the Wiss Fractures Textbook, which notes that hardware prominence and hardware related pain following ankle fracture surgery is quite common. Wiss endorses outpatient hardware removal after the fracture is adequately healed. In this case, the applicant is over a year removed from the date of surgery, so pursuing hardware removal is indicated. As further noted by the Handbook of Foot and Ankle Surgery Textbook, operative indications for ankle fractures do include syndesmotom injuries. In this case, surgical repair of the syndesmotom ligament or concurrent repair of the syndesmotom ligament is indicated; therefore, the request is certified.

**The request for surgical hardware removal with tigtrope diastasis repair of the right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines for hardware removal, Is hardware removal a necessity? (Rev Med Suisse. 2009 Apr 29;5(201):977-80.); and Hardware removal: Indications and expectations (J Am Aced Orthop Surg. 2006 Feb;14(2):113-20).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 566. Decision based on Non-MTUS Citation Mann's Surgery of the Foot and Ankle, edited by Michael Coughlin, Charles Saltzman, and Roger Mann, page 1594.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 14, those individuals who have persistent activity limitations, who failed to improve through exercise programs, and who have clear clinical and/or radiographic evidence of a lesion amenable to surgery repair should consider an operative remedy. In this case, it appears that the painful indwelling hardware is the source of the applicant's complaints. As noted by the Wiss Fractures Textbook, hardware removal can be considered at the one-year mark of the date of open reduction and internal fixation (ORIF) surgery in individuals who are still symptomatic; the applicant is such an individual. It is further noted that Mann's Surgery Textbook supports diastasis repair in those individuals with persistent symptoms. In this case, the applicant is an

individual who has persistent symptoms of ankle pain despite having failed both prior operative and nonoperative treatment. Pursuing a surgical remedy is indicated, and the request is certified.