

<b>Case Number:</b>	CM13-0021488		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/12/1991
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 patient is a 67-year-old male with severe left ankle arthritis confirmed by CT scan. Records suggest the patient has failed attempts at tibiotalar injections and bracing. An ankle replacement and associated items have been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total ankle replacement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter

**Decision rationale:** The medical records provided for review indicate that a left ankle replacement may be reasonable. The CT scan dated on 06/21/13 demonstrated "severe complete loss of most of the tibiotalar joint space." The patient is reported to have associated prominent subcondylar sclerosis and subcondylar cystic change consistent with severe osteoarthritis. It is doubtful that any further conservative treatment apart from either an ankle fusion or an ankle replacement would be successful in treating this patient who has failed prior care with injections

and bracing. Given the severity of arthritis noted on the CT scan, the request for a left total ankle replacement is medically necessary and appropriate.

**Pre-op Clearance Appointment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** It would be reasonable for the patient to obtain preoperative clearance as well as laboratory studies and an EKG before this relatively significant surgical procedure. This is a 67 year old individual and the orthopedic surgery that is being undertaken would not be considered low risk and as such it would be prudent to clear him from a perspective of medical stability. The request for a pre-op clearance appointment is medically necessary and appropriate.

**Pre-op Labs and EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** It would be reasonable for the patient to obtain preoperative clearance as well as laboratory studies and an EKG before this relatively significant surgical procedure. This is a 67 year old individual and the orthopedic surgery that is being undertaken would not be considered low risk and as such it would be prudent to clear him from a perspective of medical stability. The request for pre-op labs and an EKG is medically necessary and appropriate.

**Skilled Nursing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Skilled nursing cannot be recommended as medically necessary at an unspecified frequency and duration. The MTUS Chronic Pain Guidelines allow for home health services when an individual is homebound and requires specific medical services; in the preoperative period that cannot be established and additionally one would need to plan for a specific number of visits with rationale that would support any requested duration. The request for skilled nursing is not medically necessary and appropriate.

**12 Post Operative Physical Therapy Sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter

**Decision rationale:** Twelve postoperative therapy sessions would be reasonable and consistent with the procedure to be performed. The MTUS Chronic Pain Guidelines allow for one half of the total allotment of physical therapy sessions for any given surgical procedure. The typical number of treatments for the procedure at hand would be 24 total and as such the request for a series of 12 post operative physical therapy sessions is medically necessary and appropriate.

**Front Wheeled Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** A front wheeled walker would also be reasonable as the patient recovers from this surgery. There would be a period of time during which the patient would be at a restricted weightbearing status and have mobility challenges and the walker therefore would be considered as a medical necessity by the Official Disability Guidelines. The request for a front wheeled walker is medically necessary and appropriate.

**Medications - unspecified medications and amounts ordered:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

**Decision rationale:** Unspecified medications cannot be recommended as medically necessary without clear delineation of this medication and planned use. In general, ankle replacement surgery would entail the use of postoperative pain medications and possibly anticoagulation for deep venous thrombosis prophylaxis. However, the MTUS Chronic Pain Guidelines indicate the necessity for documentation of the kind and dosage of medications in order for a recommendation. The request for unspecified medications is not medically necessary and appropriate.