

<b>Case Number:</b>	CM13-0022327		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/03/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 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:

This 40-year-old truck driver sustained a right ankle fracture on June 3, 2004 stepping down stairs. He underwent an open reduction and internal fixation for the right comminuted mid-shaft fibular fracture and transverse medial malleolar fracture on June 3, 2004. Right ankle x-rays on March 28, 2011 demonstrated a healed trimalleolar fracture with retained metal screw and significant osteophytes. The treating physician assumed care on April 11, 2012 with a diagnosis of traumatic arthrosis of the right ankle. Conservative treatment included activity modification, Orthovisc injections, and rocker shoe. Orthovisc provided several months of relief in 2012. The July 24, 2013 treating physician report cited increasing right ankle pain to grade 6-8/10. Pain is worse with use and alleviated with rest. Right ankle range of motion was markedly limited in extension and inversion with crepitus and lateral joint tenderness. Objective findings documented height 6'2", weight 285 pounds, abnormal gait, and use of a cane for ambulation. Gait was described as antalgic right with circumducted and externally-rotated foot on the swing-through phase. The diagnosis was traumatic arthrosis of the right ankle. The treatment plan recommended right ankle arthrodesis with removal of medial ankle hardware. The September 25, 2013 treating physician report indicates that the patient has worsened and has bone-on-bone arthrosis of his ankle. He opined that bracing prior to surgery would not provide the patient any relief from axial loading on an ankle devoid of cartilage. He requested a solid right ankle poly AFO (ankle-foot orthosis) to satisfy utilization review requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ANKLE ARTHRODESIS WITH REMOVAL OF HARDWARE OF THE MEDIAL ANKLE, AND POPLITEAL BLOCK:** Overturned

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

**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, FUSION (ARTHRODESIS)

**Decision rationale:** Under consideration is a request for right ankle arthrodesis with removal of hardware of the medial ankle, and popliteal block. The California MTUS guidelines are silent regarding this surgical procedure. The Official Disability Guidelines recommend ankle arthrodesis for the treatment of non- or malunion of a fracture or traumatic arthritis. Criteria generally include conservative care (immobilization, anti-inflammatory medication), subjective clinical findings (pain aggravated by activity/weight bearing, relieved by injection), objective clinical findings (mal-alignment, decreased range of motion), and positive imaging findings (loss of articular cartilage, bone deformity, non- or malunion of fracture). Guideline criteria have been met. Reasonable non-operative treatment including activity modification, shoe modification, and Orthovisc injections have been tried and failed. Marked loss of ankle range of motion with bone-on-bone arthrosis of the right ankle is documented. Significant functional limitation in weight bearing activities is documented. The request for a right ankle arthrodesis with removal with removal of hardware of the medial ankle and popliteal block is medically necessary and appropriate.

**DME PURCHASE: CRUTCHES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE AND LEG-WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS).

**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, WALKING AIDS (CANE, CRUTCHES, BRACES, ORTHOSES & WALKERS)

**Decision rationale:** Under consideration is a request for the purchase of crutches. The California MTUS does not provide recommendations for crutches in chronic injury. The Official Disability Guidelines recommend crutches as a walking aid for patients with conditions causing impaired ambulation. Guideline criteria have been met for post-operative use of crutches. The request for crutches is medically necessary and appropriate.

**POST-OPERATIVE PHYSICAL THERAPY TO THE RIGHT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** Under consideration is a non-specific request for post-operative physical therapy to the right ankle. The Post-Surgical Treatment Guidelines for ankle arthrodesis suggest a general course of 21 post-operative visits over sixteen weeks during the sixmonth post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or eleven visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request for post-operative physical therapy is non-specific and records indicate that physical therapy may be used post-operatively. The request for post-operative physical therapy to the right nakle is not medically necessary or appropriate.