

Case Number:	CM13-0049344		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2008
Decision Date:	02/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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 Texas. 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 54-year-old male who reported an injury on 06/20/2008. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the right ankle that resulted in multiple surgical interventions and total right knee ankle arthroplasty. The patient's most recent clinical examination findings included evidence of mild swelling of the right ankle, range of motion described as 10 degrees in dorsiflexion, 10 degrees in plantar flexion, 30 degrees in inversion, and -5 degrees in eversion with decreased motor strength in the hindfoot inversion and eversion; loosening of the patient's talar prosthesis and degenerative changes in the medial and lateral malleoli and subtalar joints. An ankle fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A revision of a right total ankle arthroplasty (talar component), bone grafting of the talar body cyst, proximal tibial bone or allograft: Overturned

Claims Administrator 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), Ankle Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Fusion (Arthrodesis).

Decision rationale: The requested decision for a revision of the right total ankle arthroplasty (talar component), bone grafting of the talar body cyst, and proximal tibial bone graft or allograft is medically necessary and appropriate. Official Disability Guidelines recommend ankle fusion with patients who have evidence of traumatic arthritis that have exhausted all lesser forms of treatment with pain with range of motion and decreased range of motion. The clinical documentation submitted for review does provide evidence that the patient has traumatic arthritis that has previously been treated with a total ankle arthroplasty which has failed to provide stability and has failed to respond to immobilization and anti-inflammatory medications. The patient's imaging study does provide evidence that the patient's implanted hardware is loosening. Additionally, the patient has remained symptomatic in spite of ongoing conservative treatment. Therefore, the need for revision of right total ankle arthroplasty (talar component) bone grafting of the talar body cyst, proximal tibial bone graft or allograft is medically necessary and appropriate.

A one day inpatient hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle Chapter, Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Hospital Length of Stay.

Decision rationale: The requested 1 day inpatient stay is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is a surgical candidate for ankle fusion. Official Disability Guidelines recommend up to 2 days of a hospital stay in the postsurgical management of an ankle fusion. As the requested 1 day falls within these guidelines, the requested hospital stay would be indicated. As such, the requested 1 day inpatient hospital stay is medically necessary and appropriate.

Postoperative physical therapy to the right ankle (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The requested post-op physical therapy to the right ankle is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is a surgical candidate that would benefit from postoperative physical therapy. California Medical Treatment Utilization Schedule recommends up to 21 visits of physical therapy in the postsurgical management of an ankle fusion. California Medical Treatment Utilization Schedule also recommends an initial course of treatment equal to half the number of recommended visits to establish the efficacy of this treatment modality. The requested 12 physical therapy visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline

recommendations. As such, the requested postoperative physical therapy to the right ankle is not medically necessary or appropriate.

A cam walker boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation ODG, Ankle Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Immobilization.

Decision rationale: Official Disability Guidelines do recommend immobilization for unstable joints which would be the case for a patient following an ankle fusion. However, the clinical documentation submitted for review does provide evidence that the patient already has an immobilization device. There is no documentation that this device would not be sufficient in the postsurgical management of the patient. Therefore, the need for an additional Cam walker boot is not clearly established. As such, the requested Cam walker boot is not medically necessary or appropriate.

A roll-about walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Bulletins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Walking Aids.

Decision rationale: The requested roll about walker is medically necessary and appropriate. Official Disability Guidelines recommend walking assistive devices when the patient has impaired ambulation. The clinical documentation submitted for review does provide evidence that the patient is a surgical candidate and this would support impaired ambulation following the surgery. Therefore, the roll about walking is medically necessary and appropriate.

A nurse practitioner surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Physicians as Assistant Surgeons, 2011 Case Study.

Decision rationale: The request for a nurse practitioner assist is medically necessary and appropriate. The American College of Surgeons 2011 case study states a physician as an assistant is almost always necessary for this type of surgery. As the clinical documentation

submitted for review does support the patient is a surgical candidate for ankle fusion, the need for an assistant would be supported. As such, the requested NP assistant is medically necessary and appropriate.