

Case Number:	CM13-0049529		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2010
Decision Date:	02/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Surgeon 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 45-year-old male who reported an injury on 02/10/2010 after he stepped onto a concrete surface that caused an outward bend of the right foot. The patient was conservatively treated for an ankle injury with physical therapy, medications, and injections. The patient's most recent clinical examination findings included right ankle range of motion limited secondary to pain with a positive anterior drawer sign and positive talar tilt sign. It was noted the patient had subluxation of the gap before the ankle which was clearly identified during examination. The patient's diagnoses included attenuation and instability of the right ankle and sprain/strain of the right ankle. The patient's treatment plan included ankle surgery followed by postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One durable medical equipment between 10/29/2013 and 12/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Online Version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: The decision for durable medical equipment between 10/29/2013 and 12/13/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does not support the request for surgical intervention. Therefore, the need for postoperative durable medical equipment is not established. Official Disability Guidelines do recommend durable medical equipment for items that serve a medical purpose in the patient's home that would not be useful in the absence of injury or illness. However, the specific type of durable medical equipment is not identified and surgical intervention is not supported. Therefore, 1 durable medical equipment between 10/29/2013 and 12/13/2013 is not medically necessary or appropriate.

Surgical assistant for stabilization procedure of the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Online Version

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 Assistants in Surgery, a 2011 Case Study

Decision rationale: The requested surgical assistant for stabilization procedure of the right ankle is not medically necessary or appropriate. The American College of Surgeons case study 2011 Physicians as Surgical Assistants does recommend the use of surgical assistants for ankle surgery. However, as the requested surgery is not supported by the documentation, the need for a surgical assistant is also not supported. As such, the requested surgical assistant for stabilization procedure of the right ankle is not medically necessary or appropriate.

Surgical Stabilization procedure of the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Online Version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 347-345.

Decision rationale: The requested stabilization procedure of the right ankle is not medically necessary or appropriate. [REDACTED] recommends surgical intervention for patients who have clear clinical physiological evidence of deficits that would benefit from surgical intervention that have failed to respond to conservative measures and are supported by an imaging study that also identifies an issue that would benefit from surgical intervention. The clinical documentation submitted for review does provide evidence that the patient has instability of the right ankle. However, there was no imaging study submitted for review for the right ankle to support surgical intervention. As such, the requested stabilization procedure of the right ankle is not medically necessary or appropriate.