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| Case Number: | CM13-0055290 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/16/2013 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 39-year-old male who reported an injury on 02/16/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with traumatic arthritis of the ankle. The patient was seen by [REDACTED] on 12/09/2013. Physical examination was not provided on that date. A Request for Authorization was submitted on that date for a right ankle arthroscopy/chondroplasty with lysis of adhesions and manipulation under anesthesia with removal of hardware of the right ankle and revision fixation with bone grafting of the fibula nonunion. The patient previously underwent a CT study of the right ankle on 12/09/2013, which indicated a small bone gap in the anteromedial aspect of the fracture of the distal fibula with a well-healed fracture of the distal fibula and no evidence of loosening or fracture of the hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle hardware removal with right ankle arthroscopy and manipulation under anesthesia with revision of the fibular fracture nonunion: Upheld

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, Ankle & Foot Chapter, Hardware Removal and Diagnostic Arthroscopy, Manipulation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, failure of exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state manipulation is not recommended. A diagnostic arthroscopy is recommended for unexplained pain, swelling, stiffness, hemarthrosis, locking, and ankle instability. Hardware implant removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. As per the documentation submitted for review, there was no physical examination performed on the requesting date of 12/09/2013. It was also documented by [REDACTED] the patient's foot and ankle fibrosis as well as swelling likely represented CRPS after surgery. The patient has undergone a postoperative x-ray as well as a recent CT study of the right ankle, which did not reveal evidence of loosening or fracture of the hardware on either study. As guidelines do not recommend manipulation under anesthesia, the current request cannot be determined as medically appropriate. The patient does not appear to meet criteria for the requested procedure. Based on the clinical information received, the request is non-certified.