MAXIMUS Federal Services

Case Number:	CM13-0065745		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2013
Decision Date:	04/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Hand 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 was not specifically stated. The patient is currently diagnosed with traumatic ankle arthritis. The patient was seen by [redacted] on 12/09/2013. It was noted that the patient underwent a CT scan 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 complete healing of the distal tibia. Physical examination was not provided on that date. Treatment recommendations included revision surgery to remove the patient's ankle hardware, release of adhesions and scar, manipulation under anesthesia, bone grafting, and 24 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right ankle hardware removal; take down of fibular non-union; re-reduction and fixation of fibular fracture; and right ankle lysis of adhesions and manipulation under anesthesia: 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 (ODG), Ankle & Foot Chapter

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 hardware implant removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. There is no evidence of broken hardware. Official Disability Guidelines further state manipulation is not recommended. Based on the clinical information received, the patient does not appear to meet criteria for the requested procedure. As such, the request is non-certified.

A 23 hour observation hospital stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Continued use of bone stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

Postoperative physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.