

<b>Case Number:</b>	CM13-0070098		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/03/1988
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

The injured worker is a 48-year-old male who reported an injury on 09/03/1988. The mechanism of injury was the injured worker was in the field doing plastering, working on rooftops, and fell approximately 3 feet sustaining bilateral ankle fractures and dislocations requiring a fusion of the left ankle joint and open reduction and internal fixation of both ankles and an injury to his right wrist requiring an open reduction and internal fixation. The injured worker underwent a hardware removal in the deep medial malleolus on the right and attempted removal of the deep hardware in the talus on the right, exostectomy of the talus right and exostectomy of the tibia in the right ankle on 04/29/2011. The documentation of 11/04/2013 revealed the injured worker underwent a right ankle CT prophesy study without contrast which revealed a limited CT examination of the right ankle for preoperative planning purposes with the CT ankle prophesy protocol. The injured worker had extensive degenerative and postoperative changes within the right ankle. These changes included postoperative changes within the talus with moderate degenerative changes at the tibiotalar articulation. There were subchondral cystic changes within the talus with flattening of the talar dome. There was moderate irregularity of the distal fibula at the talofibular ligamentous insertion with evidence of an old avulsion injury at the distal fibula. Degenerative changes were noted at the talonavicular and naviculocuneiform articulations. The documentation of 11/14/2013 revealed the injured worker continued to have pain and swelling in the ankle. The physical examination of the right ankle revealed moderate exquisite general tenderness about the anterior medial lateral ankle and a general swelling of the ankle. The left ankle range of motion revealed no instability on provocative testing and the ankle was frozen in slight plantar flexion. The injured worker had tenderness over the lateral ankle, medial ankle, and no swelling. It was indicated radiologic studies were performed on the date of examination and on the right ankle there was osteoarthritis of the tib talar joint and possible osteoarthritis of the

subtalar and talonavicular joint. The diagnosis was ankle pain. The treatment plan included surgical intervention hardware removal and total ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HARDWARE REMOVAL AND TOTAL ANKLE ARTHROPLASTY: Upheld**

**Claims Administrator 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 (Acute & Chronic, Arthroplasty).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Hardware Removal, and Arthroplasty.

**Decision rationale:** The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation except in the case of broken hardware, or persistent pain and after ruling out other causes of pain such as infection or nonunion. Additionally, they indicate that arthroplasty is not recommended for the ankle using cemented devices. It is recommended as an option in selected patients for non-constrained uncemented devices with FDA PMA approval. The clinical documentation submitted for review failed to provide that the injured worker had non-constrained uncemented devices with FDA PMA approval. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate the laterality for the request. Given the above, the request for hardware removal and total ankle arthroplasty is not medically necessary.