

<b>Case Number:</b>	CM13-0071357		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 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 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:

This 55-year-old male sustained a left lower extremity crush injury on 9/22/12 when he dropped a 6000-pound iron plate on the side of his leg. He sustained a left distal tibia and fibular fracture, left tibial plateau fracture, left calcaneus fracture, and left foot/ankle crush injury. He is status post open reduction and internal fixation of the distal tibia and fibula fracture. The 10/31/13 left ankle CT scan demonstrated post-surgical changes of open reduction and internal fixation of the distal tibial fracture with part of the fracture line still evident. There was a subtle step-off of the cortex at the site of the fracture but alignment was satisfactory. Hardware was intact. There was significant osteopenia, likely diffuse. The 11/4/13 podiatry report documented review of the CT scan. The intramedullary rod appeared to be in good position but demonstrated cortical lucency anteriorly consistent with non-union. Callus formation was identified around the fracture. There was subluxation and a well corticated bony fragment at the distal tip of the fibula. These findings were consistent with non-union and displacement of the fracture. Objective findings documented symmetrical lower extremity vascular and neurologic exam and moderate loss of left ankle range of motion. The patient was ambulating with a cane and had difficulty with gait and weight bearing. He could not toe walk, toe stand, squat or crouch. He had significant pain with heel walking and standing. The diagnosis was status post open reduction and internal fixation left tibia fracture with malaligned fibula with impingement on the ankle joint, left ankle degenerative joint disease, left ankle calcaneal fracture non-union, and painful gait. The patient continued to have significant pain over the internal fixation of the distal tip of the fibula. The patient wished to have the hardware removed due to pain. The podiatrist recommended removal of the hardware and stated that he would require open reduction and internal fixation of the non-union of the tibia and fibula on a different occasion. The 12/18/13 appeal for removal of the distal tibia hardware stated that this was completely resolved and healed and the pain was localized specifically on the

internal fixation. He stated that attempts had been made to decrease symptoms with physical therapy, injection therapy, activity modification and ankle bracing with no improvement in implant pain or painful weight bearing.

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

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

#### **Removal of Internal Fixation of the Distal Tibial on the Left 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 (ODG).

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

**Decision rationale:** The request under consideration is for removal of internal fixation of the distal tibia on the left ankle. The MTUS guidelines do not address hardware removal. 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, after ruling out other causes of pain such as infection and nonunion. The Guideline criteria have been met. This employee has persistent pain directly over the internal fixation site that is significantly impeding functional ability in weight bearing and ambulation. Therefore, the medical necessity of removal of internal fixation of the distal tibia on the left ankle is medically necessary.

#### **Physical Therapy (PT) three (3) to four (4) times a week to the Left 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 (ODG), Ankle and Foot (Acute & Chronic), Hardware implant removal (fracture fixation).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy.

**Decision rationale:** The request under consideration is for physical therapy 3 times per week for 4 weeks to the left ankle. The Post-Surgical Treatment Guidelines do not specifically address physical therapy for hardware removal status post tibial fracture but do support up to 30 visits over 12 weeks for care following an open reduction and internal fixation. This employee has a significant gait impairment following this lower extremity crush injury that resulted in multiple fractures. The Official Disability Guidelines support physical therapy for gait abnormal for 16 to 52 visits dependent on the source of the problem. Given the documented functional difficulty in ambulation and gait, this request for physical therapy 3 times per week for 4 weeks to the left ankle is medically necessary.

#### **Deep vein thrombosis (DVT)/pneumatic compression wraps: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic), Hardware implant removal (fracture fixation).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Deep vein thrombosis.

**Decision rationale:** The request under consideration is for deep vein thrombosis (DVT)/pneumatic compression wraps. The MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no evidence in the medical records that this employee was at high risk of developing venous thrombosis. There are no identified coagulopathic risk factors. Guideline criteria have not been met. There is no documentation as to why compression stockings would be insufficient to address any post-operative concerns of DVT development. The request for deep vein thrombosis (DVT)/pneumatic compression wraps is not medically necessary.

**Surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS).

**Decision rationale:** The request under consideration is for a surgical assistant. The MTUS guidelines do not address the appropriateness of surgical assistants. The Center for Medicare and Medicaid Services (CMS) provides direction relative to the typical medical necessity of assistant surgeons. In general, ankle hardware removal does not require an assistant surgeon. Therefore, this request for a surgical assistant is not medically necessary.

**Fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic), Hardware implant removal (fracture fixation).

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

**Decision rationale:** The request under consideration is for fluoroscopy. The MTUS guidelines do not provide recommendations for fluoroscopy in hardware removal. The Official Disability

Guidelines indicate that radiographic evaluation is appropriate in the evaluation of ankle complaints. The use of fluoroscopy to document complete hardware removal is consistent with guidelines. Therefore, this request for fluoroscopy **is medically necessary**.