

Case Number:	CM14-0012236		
Date Assigned:	02/21/2014	Date of Injury:	09/19/1983
Decision Date:	07/07/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 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 54-year-old male who reported an injury on 09/19/1983. The mechanism of injury was not provided for review. The injured worker's treatment history included surgical intervention to the ankle, postoperative physical therapy, and multiple medications. The injured worker was evaluated on 09/11/2013. It was documented that the injured worker had a history of multiple inversion ankles. It was noted that the injured worker could not wear braces and perform normal job duties. X-rays from that visit documented end-stage ankle arthritis of the bilateral ankles. Physical findings included a mild valgus tilt bilaterally with moderate swelling and moderate tenderness to palpation. Left total ankle replacement was recommended followed by total right ankle replacement. An appeal was made on 02/03/2014. However, no clinical support for the requested surgery was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT TOTAL ANKLE REPLACEMENT: Upheld

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

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 chapter, Arthroplasty (total ankle replacement).

Decision rationale: The requested left total ankle replacement is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of surgical intervention. Official Disability Guidelines do not recommend total ankle replacement as this surgical intervention is considered experimental and investigational. Due to lack of scientific studies to support long term outcomes of total ankle replacement Official Disability Guidelines do not recommend this surgery. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested left total ankle replacement is not medically necessary or appropriate.

1 PER-OPERATIVE MEDICAL CLEARANCE: 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.