

<b>Case Number:</b>	CM14-0015118		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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 74 year old with an industrial injury date of 8/8/12. The patient is status post external fixator placement left ankle on 8/14/13. Radiographs of the left ankle dated 1/7/14 demonstrates report of severe joint narrowing of tibiotalar joint. An exam note from 1/7/14 demonstrates report of severe pain in left ankle. Range of motion of the ankle was 5 degrees of dorsiflexion and 10 degrees of plantar flexion. Severe crepitus noted in the left ankle. Antalgic gait noted favoring the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ANKLE HARDWARE REMOVAL:** 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) HARDWARE IMPLANT REMOVAL

**Decision rationale:** According to the Official Disability Guidelines, hardware removal is indicated for cases of broken hardware or persistent pain after ruling out other casues such as infection or nonunion. In this case there is no evidence that a complete work up including

evaluating other sources of pain has been performed. The request is not medically necessary and appropriate.

**LIBIOTALAR ARTHRODESIS LEFT ANKLE WITH ILIAC BONE GRAFT:** 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 FUSION

**Decision rationale:** According to the Official Disability Guidelines, hardware removal is indicated for cases of broken hardware or persistent pain after ruling out other causes such as infection or nonunion. In this case there is no evidence that a complete work up including evaluating other sources of pain has been performed. The request is not medically necessary and appropriate.

**ASSISTANT SURGEON:** 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.

**3 DAY 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.

**MEDICAL CLEARANCE WITH AN EKG (ELECTROCARDIOGRAM):** 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.

**MEDICAL CLEARANCE WITH LABORATORY TESTS:** 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.

**MEDICAL CLEARANCE WITH A CHEST X RAY:** 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.