

Case Number:	CM14-0111228		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2013
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 claimant is a 33 year old male who sustained a vocational injury when he fell from a ladder on 05/19/13. His original diagnosis was calcaneal fracture for which he subsequently underwent left ankle open reduction and internal fixation, gastroc release, and Strayer procedure complex wound closure on 07/12/13. Post-operative, the claimant developed complications and subsequently underwent a wound vac placement on 07/26/13 followed by a full-thickness skin graft of the left foot on 08/24/13. Most recently, the claimant was provided with subtalar injections on 04/14/14. The most recent office note dated 05/29/14 noted that the claimant was doing well but had some soreness and that the effects of the previous cortisone injections were starting to wear off. He continued to utilize Hydrocodone, Norco and Oxycodone. On exam, he had a large medial full-thickness skin graft of the medial heel, an area of numbness at the heel that was shrinking, and a stiff Achilles and ankle. Dorsiflexion was 10 degrees of plantar flexion. He had a chronic antalgic gait. His mid foot was noted to be neutral alignment. Crepitus was noted. Ankle dorsiflexion was at 20 degrees, plantar flexion at 50 degrees, inversion 35 degrees, and eversion at 15 degrees. He left lower extremity strength was noted to be decreased. The claimant's current working diagnosis is subtalar arthritis. This request is for ORIF of left ankle, left ankle arthroscopy, distal tibia graft, gastroc release, excision of hardware and platelet/rich plasma therapy of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORIF left ankle,(reduction and internal fixation) left ankle arthroscopy, distal tibia graft. Gastroc release. Excision of hardware arc. Platelet -rich plasma therapy of the left ankle.:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines for Ankle & Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: California MTUS ACOEM and supported by the Official Disability Guidelines do not recommend ORIF of the left ankle,(open reduction and internal fixation) left ankle arthroscopy, distal tibia graft. Gastroc release. Excision of hardware arc. Platelet -rich plasma therapy of the left ankle. The Official Disability Guideline do not recommend routine removal of hardware unless there is broken hardware or persistent pain after ruling out other causes of pain such as infection and non-union. Currently, there is no documentation suggesting that there is a complication with the previous hardware implementation and subsequently the medical necessity of hardware removal has not been established. In addition, Official Disability Guidelines do not consider platelet rich plasma therapy medically necessary due to a lack of high quality evidence of its effectiveness. Therefore, based on the documentation presented for review and in accordance with the California MTUS ACOEM and Official Disability Guidelines, the request for surgical intervention of the left ankle cannot be considered medically necessary.