MAXIMUS Federal Services

Case Number:	CM14-0130775		
Date Assigned:	08/20/2014	Date of Injury:	09/14/2011
Decision Date:	11/13/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Minnesota. 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 52 year old female who sustained a bimalleolar fracture of the left ankle with syndesmotic disruption from a slip and fall on 9/14/2011. She underwent open reduction and internal fixation. The syndesmotic screw was removed in May 2012, and the remaining hardware removed in May 2013. She developed traumatic arthritis of the ankle joint with significant narrowing of the joint space. An AME (agreed medical evaluation) performed on 5/5/2014 revealed 5/10 ankle pain with a maximum of 10/10, and inability to walk one block. The treating physician has recommended an ankle fusion; however supporting documentation of conservative treatment, injections, and bracing is lacking. Details of imaging studies are also not available. Physical therapy with an ankle exercise program is also not documented. The disputed issue pertains to the indications for an ankle fusion. The type of fusion is also not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle fusion: 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 - Indications for Surgery-Ankle Fusion

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

Decision rationale: CA MTUS does not address ankle arthrodesis. ODG does. Ankle arthrodesis is recommended if specific criteria are met. The records do not document conservative treatment with immobilization, bracing, shoe modifications, or other orthotics or medications. There is no objective evidence of malalignment documented. Although significant narrowing of joint space is documented, the degree of joint space loss, and associated radiographic findings or MRI findings, was not reported. Physical therapy or joint injections are not reported. The type of fusion planned is also not specified. Ankle arthrodesis using the arthroscopic technique is recommended as it is minimally invasive and provides consistently good results. Based upon the guidelines the ankle fusion as requested is not medically necessary.

Pre op 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.

Post op Physical Therapy: 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.