

Case Number:	CM14-0132754		
Date Assigned:	08/22/2014	Date of Injury:	01/29/1975
Decision Date:	10/01/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 61 year old male who was reportedly injured on 01/29/1975. The mechanism of injury not listed in the records reviewed. Diagnosis was failed total ankle replacement. Last progress noted dated 07/25/2014, indicated progressive failure of an ankle replacement, collapsed angulation and impingement of the talar component which resulted in failure that unsuccessfully treated with a variety of braces. Without the brace the injured worker wears a supportive work type boot. Left sided limp noted. Ankle range of motion was restricted because of pain. Diffuse swelling throughout the ankle was noted with no new areas of tenderness in the foot or hindfoot. There were no other major changes on physical exam. X-rays of the ankle was taken on this visit which showed no additional changes in the overall alignment of the ankle or in the ankle replacement implants. No new obvious fractures or deformities were seen. Recommendation: a prosthetic removal and a salvage procedure of ankle fusion. A request was made for 2 weeks home health care; inpatient stay, and was not certified in the pre-authorization process on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Home Health Services Page(s): 51.

Decision rationale: The claimant has undergone ankle prosthetic failure and its removal has been approved. The request for Home health services x 2 week has been requested. The documents provided does not support the need for special medical or nursing needs following the proposed surgery. The claimant should be able to be ambulatory in the home with non-weightbearing gait. Home health care does not entitle the claimant to homemaker services. Therefore the requested services remains not medically necessary.

Inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Hospital length of stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Ankle and Foot, Hospital Length of Stay

Decision rationale: The claimant is to undergo ankle fusion after removal of failed prosthetic hardware. The request for 2 day inpatient stay is in keeping with ODG recommendation regarding length of stay (LOS). Average LOS is noted to be 2.8 days which is supportive of 2 day LOS. This is medically necessary.