

<b>Case Number:</b>	CM14-0153760		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/28/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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 50-year-old female with a documented date of injury on 05/28/03. The medical records provided for review included a clinical progress report on 07/29/14 describing the claimant with an antalgic gait, using the assistance of a cane due to increased right ankle discomfort. Examination noted a well healed, prior incision from ankle stabilization surgeries; but specific findings of the ankle were not noted. The treating physician recommends "reversion" of previous FiberWire that was utilized during the claimant's surgery as the claimant has not improved with recent conservative care. The clinical records only included the report of MRI imaging dating back to August 2013 that showed marrow edema and Achilles tendinosis but no other acute clinical finding. This request is for surgery for FiberWire removal and scar revision with use of an assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: Removal of the fiber wire and scar revision:** Upheld

**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

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

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for removal of the fiber wire and scar revision is not recommended as medically necessary. The medical records document that the claimant has a retained FiberWire from previous ankle surgery, there is documentation of positive physical examination finding that would support the need for FiberWire removal or scar revision. At last clinical assessment it was stated that the claimant's incision was well healed which would not describe why the scar would require revision. The request for surgery given the claimant's current clinical presentation cannot be supported as medically necessary.

**Assitant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Millman Care Guidelines and American Association of Orthopaedic Surgeons

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Millman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 27448 to 27654

**Decision rationale:** The proposed removal of the fiber wire and scar revision is not recommended as medically necessary. Therefore, the request for an assistant surgeon is also not medically necessary.