

Case Number:	CM14-0154582		
Date Assigned:	09/24/2014	Date of Injury:	06/13/2012
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	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 New York. 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:

Patient has a date of injury in 2012. She had a left ankle arthroscopy in October 2012. Other treatment has included medications, physical therapy, TENS unit and aquatic therapy. She has left ankle pain with limitation of activities. On physical examination she is obese at 5 foot 4 inches and 260 pounds. She has tenderness to palpation of the left ankle. Subtalar range of motion is normal. Dorsiflexion is past the neutral position and no crepitus is noted in the range of motion. No neurologic deficits are noted. X-ray shows osteophytes off the anterior portion the ankle. The patient was noted to have anterior ankle arthritis and surgery is recommended. At issue is whether ankle total joint replacement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible ankle replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Arthroplasty (Total Ankle Replacement)

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

Decision rationale: This patient does not meet establish criteria for ankle total joint replacement. The patient is morbidly obese and not a good candidate for ankle replacement. While the patient does have degenerative changes in the ankle, ankle fusion for more conservative measures a most appropriate at this time. Total ankle surgery is contraindicated for morbidly obese patients and is likely to have a high failure rate. Arthrodesis isn't a better surgical option in morbidly obese patients. The medical records indicate that both orthopedists who evaluated the patient have stated that she is not a good candidate for ankle joint replacement. Based on the available information the medical records the medical necessity for ankle replacement surgery has not been established. The criteria for ankle replacement surgery has not been met.