

<b>Case Number:</b>	CM14-0156235		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 52 year old female chef with a date of injury on 9/14/2011. Injury occurred relative to a slip and fall. She sustained a left ankle displaced bimalleolar fracture with syndesmotom separation and ankle subluxation. She underwent left ankle open reduction and internal fixation of the bimalleolar fracture and syndesmotom separation, and open reduction of the ankle subluxation on 9/17/11. Subsequent hardware removal surgeries were performed on 5/10/12 and 5/14/13. The 12/20/13 lower extremity electrodiagnostic study findings were consistent with disuse atrophy of the left foot. There was no electrodiagnostic evidence of entrapment neuropathy. The 3/18/14 to 7/16/14 progress reports cited persistent and worsening left ankle pain. Pain was worse with prolonged standing or walking. Difficulty was noted walking on uneven ground or stair climbing. A physical exam documented intermittent swelling, antalgic limp, moderate left ankle tenderness, and limited and painful range of motion. X-rays on 3/18/14 showed a significant loss of joint space in the ankle joint. The treatment plan requested ankle fusion. The injured worker was off work. X-rays, on 5/5/14, showed evidence of a previous fracture of the lateral and medial malleolus. The previous fractures were fully healed, internal fixation was removed. The mortise was well-maintained. The 8/18/14 treating physician report cited worsening left ankle pain. A physical exam documented left ankle swelling, anterior tenderness, and painful range of motion. The diagnosis was left ankle arthritis, status post open reduction and internal fixation of fracture. The treatment plan requested left ankle fusion. The 9/5/14 utilization review denied the ankle fusion and associated requests as there was no documentation of prior conservative treatment or joint injections.

### 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.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations relative to ankle fusion. The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affect joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of misalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Guideline criteria have not been met. There is no documentation an injection or objective findings of misalignment. There are no imaging findings of arthritis, bone deformity, or non-or malunion of a fracture. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Pre-op medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Fusion (arthrodesis) Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): page(s) 522-38

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Unknown physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.