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| Case Number: | CM14-0025817 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 12/06/2012 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/01/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 injured worker is a 48-year-old male who reported an injury on 12/06/2012 after a metal truck weighing approximately 1,200 pounds to 1,500 pounds rolled on top of him. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included rest and activity modification. The injured worker was evaluated on 09/23/2013. It was documented that he had persistent bilateral ankle pain that significantly limited his weight bearing abilities. The injured worker's physical findings included 2+/- achilles and patellar tendon reflexes and single stance heel pain is present due to passive posterior tibial insufficiency with limited range of motion. It was noted that an X-ray demonstrated subcutaneous fixation of the medial and lateral malleolus on the left side with malalignment of the fibular bone as well as nonhealing fracture of the medial malleolus on the left side. The injured worker's diagnoses included tibial fracture with open reduction internal fixation of bimalleolar fracture with tibial nail plate with malalignment on the left side and bimalleolar fracture with nonhealing fibular fracture malaligned medial malleolus, and high anterior thigh contusion secondary to injury sustained by the patient status post arthroscopic surgery bilaterally, and bilateral posterior tibial dysfunction on the right side. The injured worker's treatment recommendations included removal of the fixation to the left ankle and revision of the open reduction internal fixation of the bilateral bimalleolar fracture, due to a nonhealing malaligned fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REMOVAL OF INTERNAL FIXATION RIGHT ANKLE AND REDO OPEN REDUCTION INTERNAL FIXATION: Overturned

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, Hardware Removal and Open Reduction Internal Fixation.

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 Chapter, Hardware Removal and Open Reduction Internal Fixation.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has had no healing of the fracture after 9 months of the injury. Although Official Disability Guidelines do not support the removal of internal fixation hardware; however, in order to surgically reduce the fracture the hardware would have to be removed. Additionally, Official Disability Guidelines recommend open reduction internal fixation of displaced fractures. As the clinical documentation indicates there is no healing of the fracture as it is fixated, revision would be supported in this clinical situation. As such, the request is medically necessary.

BONE GRAFTING FLUOROSCOPY: Overturned

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, Open Reduction Internal Fixation.

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 Chapter, Open Reduction Internal Fixation.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has a nonhealing displaced fracture of the right ankle that failed to respond to an initial open reduction internal fixation. Therefore, revision of the original surgery and bone grafting would be indicated in this clinical situation. As such, the request is medically necessary.

SURGICAL ASSISTANT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistants Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistant Surgeons, A 2011 Case Study.

Decision rationale: Official Disability Guidelines recommend surgical assistance for surgeries that are considered complicated. Additionally, the American College of Surgeons, Physicians as

Assistant Surgeons, a 2011 case study, recommends an assistant surgeon for open reduction internal fixation. As the clinical documentation supports that the injured worker is a surgical candidate, a surgical assistant would be indicated in this clinical situation. As such, the request is medically necessary.