

Case Number:	CM14-0027375		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2013
Decision Date:	11/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 41 year old male who sustained a vocational injury on 4/23/13 when he twisted his left ankle. The claimant underwent open reduction and internal fixation of the left ankle lateral malleolus fracture with syndesmosis repair on 05/10/13. Postoperatively, it is documented that the claimant completed a course of physical therapy. The office note dated 03/17/14 documented that the claimant had not improved since the prior visit and continued pain with walking or standing and his ankle popped. Low back pain was starting to arise and was noted to be more significant than his ankle pain. The claimant was noted to be utilizing Tramadol. On examination, he had decreased range of motion with plantar and dorsiflexion of the left ankle compared to the right ankle. He had tenderness on palpation of the left lateral ankle plate and screws, anterolateral tibiotalar joint, and medial syndesmosis suture. There was no gross ligamentous laxity of manual stress testing. The claimant was given a diagnosis of status post open reduction and internal fixation of the left ankle lateral malleolus fracture with syndesmosis repair, postoperative left foot dystasia, symptomatic left ankle internal fixation, left ankle joint pain and mechanical symptoms, left ankle anterolateral impingement with recommendations to rule out an osteochondral lesion and secondary left sinus tarsi syndrome resolved, following an injection. The most recent x-rays available for review are from 01/17/14 and showed that the fracture was healed in anatomic position with internal fixation in place. The current request is for a left ankle internal fixation hardware removal, arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Internal Fixation Hardware Removal, Arthroscopy and Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Ankle & Foot (Acute & Chronic), Hardware implant removal (fracture fixation), Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Foot & Ankle; surgery

Decision rationale: Official Disability Guidelines note specifically that in regards to hardware removal, it is not typically recommended except in the case of broken hardware, persistent pain and ruling out other causes of pain such as infection and non-union. Arthroscopy and diagnostic arthroscopy is recommended as medically reasonable. ACOEM Guidelines recommend surgical intervention in for foot and ankle complaints after appropriate conservative treatment has been utilized. The medical records provided for review fail to establish that retained hardware is the primary source of ongoing discomfort of the left lower extremity. It would be considered medically reasonable and necessary to proceed with a diagnostic and therapeutic local injection at the site of proposed painful hardware prior to considering hardware removal. In addition, documentation also supports that the claimant is undergoing significant low back pain and it does not appear that radicular causes of this complaint have been ruled out prior to considering additional surgery for the left lower extremity. There is a lack of documentation that the claimant has attempted, failed and exhausted traditional first-line conservative treatment which should include local injection, home exercise program, bracing or change of footwear, or anti-inflammatories. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the left ankle internal fixation hardware removal with arthroscopy and debridement cannot be considered medically necessary.

Chest x-ray:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Electrocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Norco 10/325 mg #60 tablets: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Laboratory Examinations: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Physical Therapy Visits x12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

30 days Rental of Cold Therapy Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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