

<b>Case Number:</b>	CM14-0029661		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/27/1994
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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:

This is a 58-year-old gentleman injured on 6/27/94. The mechanism of injury is unclear. A recent clinical record for review indicates a left total ankle arthroplasty took place on 1/4/13 due to continued complaints of pain and post-traumatic arthrosis diagnosis. Post-operatively, the claimant continued to be with discomfort for which a second surgery in the form of a subtalar joint fusion on 5/3/13 took place. The claimant continued to be with difficulty in the post-operative period for which injection therapy, physical therapy, and use of bracing has been utilized. The claimant is now with a current diagnosis of chronic pain to the left leg. A post-operative follow up report dated 11/20/13 indicated continued complaints of diffuse pain stating that the claimant on imaging has now developed severe avascular necrosis of the talar body along with continued suboptimal response from previous two surgical procedures. The claimant described lack of sleep due to pain. Medication management has not been successful. Further operative intervention in the form of a tibiototalcalcaneal fusion v. below-knee amputation was recommended. The claimant contemplated the two options and had follow up on 2/24/14 at which time a below-knee amputation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BELOW KNEE AMPUTATION OF THE LEFT LOWER EXTREMITY:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 374.

**Decision rationale:** California American College of Occupational and Environmental Medicine (ACOEM) and MTUS Guidelines in regards to surgical intervention for the foot or ankle indicates that there needs to be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short term and long term from surgical process. There also needs to be indication of failure of an exercise program to improve strength and function. While the claimant is noted to be with avascular changes and a significantly complex clinical history including multiple foot and ankle surgeries, the acute need of an amputation in absence of psychological clearance, documentation of recent conservative measures and exploration of other forms of treatment would need to take place before intervention would be undertaken. While this individual's course of care would seem quite complex, the lack of documentation of the above would fail to support the acute need of an amputation for post-traumatic diagnosis.