MAXIMUS Federal Services

Case Number:	CM14-0033717		
Date Assigned:	03/21/2014	Date of Injury:	10/07/2004
Decision Date:	04/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Claimant is a female with industrial date of injury of 10/7/04 to the right ankle. Medical report 2/21/14 demonstrates arthritic right ankle. Exam demonstrates well healed scars over the right ankle with palpable suture material at the lateral malleolus of the right ankle consistent with peroneal tendon tear. Report of severe antalgic gait favoring the right side. Report of BMI of 32.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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 & Foot, Ankle Arthroplasty

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle joint replacement. ODG states that there is inadequate data on available total ankle replacements to permit conclusions regarding their safety and effectiveness. Therefore determination is for non-certification.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternated guidelines cited, online version

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.