

<b>Case Number:</b>	CM14-0055971		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/20/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 55-year-old female who reported an injury on 07/20/2008 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral feet, which ultimately resulted in ankle arthroscopy and followed by fusion in 2012. The injured worker underwent a CT scan of the left ankle on 02/18/2014. It was noted that there was evidence of hardware loosening and no evidence of bone continuity in the left ankle. The injured worker was evaluated on 02/24/2014. A treatment recommendation of the use of a bone growth stimulator was made. The physical examination findings at that time included moderate pain with attempted range of motion. It was also noted in the injured worker's social history that the patient was a tobacco user and smoked at least 1 pack of cigarettes per day. The request was made for a revision of the left ankle fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision left ankle fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)AAOS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** The requested revision of the left ankle fusion is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has had multiple ankle surgeries. The ACOEM recommends surgical intervention when there are clear imaging findings supported by physical deficits that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker underwent ankle fusion and revision. It was noted that the injured worker's ankle has failed to fuse. However, there is no documentation that the injured worker has undergone the use of an external bone growth stimulator. As the injured worker is a tobacco user, and would be considered high risk for nonunion, the use of a bone growth stimulator would be indicated prior to additional surgical intervention. As such, the requested revision of the left ankle is not medically necessary or appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**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.

**Implanted bone stimulator:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Knee scooter rental x 3 months:**

**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.