MAXIMUS Federal Services

Case Number:	CM14-0062235		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2012
Decision Date:	08/12/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Texas. 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 29-year-old male who reported an injury on 12/05/2012. The injured worker had an open reduction internal fixation on 12/17/2012. The mechanism of injury was the injured worker was on a ladder on the second floor of a home when the ladder slipped and the injured worker fell on the roof and continued to the ground. The injured worker landed on his feet first and collapsed. The injured worker had a left foot/ankle fracture. Other treatments included postoperative physical therapy. The documentation indicated the injured worker had problems with the left foot flexing up and when walking, it would become locked and painful. The injured worker had limited range of motion. The physical examination revealed the injured worker had an antalgic gait to the left side. There was no swelling to the left ankle/foot. There was tenderness to palpation over the right heel and right plantar foot. The radiograph of the bilateral ankles revealed hardware placement in the distal tibia for fixation of a distal tibia fracture. There was some congruency in the articular surface of the distal tibia at the ankle joint. There was some arthrosis in the sub tower joint compared to the opposite side. There was diffuse osteopenia of the left ankle and foot. The ankle joint space measured 2 mm on the left and 2.5 mm on the right. The diagnoses included left distal tibial intra-articular fracture pylon fracture, status post internal fixation, and left ankle arthrofibrosis and flexion contractures. The treatment plan included a recommendation for a capsular release and hardware removal. The subsequent documentation of 05/19/2014 revealed the injured worker's x-ray findings of the left ankle revealed that alignment was normal and mineralization was normal. The metallic wires and orthopedic hardware identified were projecting over the distal tibia with no signs of loosening. The fibula was intact. The tarsal bones were intact. There were no degenerative changes seen. The soft tissues were normal. The impression was metallic wires and orthopedic hardware was identified projecting over the distal tibia with no signs of loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle (left) surgery for hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ankle/foot, hardware implant removal.

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 Chapter, Hardware removal.

Decision rationale: The Official Disability Guidelines indicate that hardware removal may be appropriate in cases of broken hardware or persistent pain after ruling out other causes of pain, such as infection and nonunion. The clinical documentation submitted for review indicated the injured worker did not have broken hardware per the x-ray of 05/19/2014. There was a lack of documentation indicating other causes of such pain, including infection and nonunion, had been ruled out. Given the above, the request for ankle (left) surgery for hardware removal is not medically necessary.