

Case Number:	CM14-0072870		
Date Assigned:	07/23/2014	Date of Injury:	08/23/1978
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 72-year-old male sustained an industrial injury on 8/23/78. He developed rheumatoid arthritis while practicing as a chiropractor, which was aggravated by his profession. Records indicated the patient had seropositive polyarticular erosive and deforming rheumatoid arthritis. Treatment had included non-steroidal anti-inflammatory drugs, prednisone, TNF inhibitors, and opioid pain medication. The disease was very disabling particularly in regards to his wrists and the small joints of his hands, elbows, knees, ankles and feet. He had been treated surgically for the left ankle with a triple arthrodesis. Left ankle joint pain and dysfunction limited his ability to walk. The 3/7/14 orthopedic foot specialist report indicated the patient had end-stage arthritis of the left ankle. Subjective complaints included constant and increasing left ankle pain. Pain was 6-7/10 with walking and 3/10 when off his feet. There was some ankle swelling. The area of maximal pain was the subfibular area of the ankle. An [REDACTED] AFO was previously recommended and trialed without improvement. Physical exam documented a moderate degree of valgus on the left side. Range of motion of the ankle was approximately 25 degrees. There was little or no subtalar joint motion due to prior triple arthrodesis. Motor function was present about the foot and ankle. X-rays demonstrated end-stage arthritis of the ankle with a severe valgus collapse of the ankle joint, approximately 15 degrees. The treatment plan recommended an ankle replacement which would give him a more functional foot and ankle. The patient needed an arterial Doppler study to be sure that there was adequate blood flow to the extremity before considering the surgery. The 5/7/14 utilization review denied left total ankle replacement and associated requests as there is no evidence based medical guidelines support for total ankle replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Ankle Replacement, Bone Graft: Overturned

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

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

Decision rationale: The California MTUS guidelines do not provide recommendations for left total ankle replacement. The Official Disability Guidelines do not recommended total ankle replacements using cemented devices. Total ankle replacement is recommended as an option in selected patients for non-constrained uncemented devices. Criteria for the use include adult patients with end-stage ankle osteoarthritis or rheumatoid arthritis, who have moderate or severe pain, loss of mobility, and loss of function of the involved ankle. Completion of at least 6 months of conservative treatment, including medications, physical therapy, and exercise is required. Satisfactory vascular perfusion in the involved extremity and adequate soft tissue coverage about the ankle is required. Guideline criteria have been met. The patient has been afforded comprehensive operative and non-operative treatment. He has undergone triple arthrodesis. There is significant pain and functional disability relative to the left ankle. All criteria have been met to proceed with a total ankle replacement. Therefore, this request for left total ankle replacement, bone graft is medically necessary.

Arterial Doppler Study: Overturned

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

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

Decision rationale: The California MTUS do not make recommendations relative to arterial doppler studies. The Official Disability Guidelines require that there be evidence of adequate vascular perfusion in the involved extremity prior to total ankle replacement. Guideline criteria have been met. Therefore, this request for one arterial doppler study is medically necessary.

4 Post-Operative Visits: Overturned

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

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

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. Four visits for post-surgical evaluation and management are consistent with guidelines. Therefore, this request for 4 post-operative visits is medically necessary.

Post-Operative X-Ray: Overturned

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

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

Decision rationale: The California MTUS do not provide post-op radiographic recommendations. The Official Disability Guidelines recommend plain films to exclude arthritis, infection, fracture or neoplasm. Post-operative x-rays following total ankle replacement are consistent with clinical practice standards. Therefore, this request for one post-operative x-ray is medically necessary.

Cam Walker: Overturned

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

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

Decision rationale: The California MTUS does not address post-operative immobilization. The Official Disability Guidelines recommended cam walkers for cast immobilization for patients with clearly unstable joints or severe ankle sprains. The post-operative use of a cam walker is consistent with guidelines. Therefore, this request for one cam walker is medically necessary.

Unknown Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. Therefore, this request for unknown labs is not medically necessary.

Pre-operative EKG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Males over the age of 70 have known occult increased cardiovascular risk factors to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-operative EKG is medically necessary.

Post-Operative History and Physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. There is no guideline support for post-operative history and physicals. There is no compelling reason presented to

support this post-operative service. Therefore, this request for one post-operative history and physical is not medically necessary.