

<b>Case Number:</b>	CM14-0097379		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury was on 3/8/2013, when patient injured his right ankle. Patient underwent open reduction internal fixation of right ankle. Patient suffered subsequent limited range of motion to ankle joint, with postsurgical changes affecting tibial talar joint. Patient did undergo physical therapy for his painful right ankle joint. On 3/10/2014 this patient visited his position with complaints of right ankle pain. Physical exam to stay reveals tenderness to palpation to the right ankle joint, with positive edema to the area as well. Ankle joint range of motion right side is limited. X-rays do reveal relative alignment of the ankle joint. Diagnoses that day reveal right ankle degenerative posttraumatic arthritis with calcification and limited range of motion, right ankle joint stiffness with pain, medial talar dome osteochondral lesion per MRI. A local steroid injection to the symptomatic joint was initiated, immobilization in a walking boot was recommended, and discussion on arthroscopy with graft was held. Patient was again seen on 4/22/2014 for evaluation of painful right ankle. Patient notes that the pain was relieved or about two or three weeks with the steroid injection, however pain has returned to the ankle. Patient is undergoing physical therapy and immobilization. After another physical exam, the surgeon this day recommended ankle joint fusion rather than arthroscopy of the ankle. He felt that this would be the best procedure for this patient after reviewing MRI and also noting that the patient is diabetic. Diagnoses this state post traumatic arthritis with significant pain with positive crepitus right ankle, osteochondral lesion and effect to the talus and tibia right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ankle Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle and Foot Chapter; Fusion Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ankle and foot chapter, ankle joint fusion.

**Decision rationale:** ODG guidelines below describe indications for surgery/ankle fusion:ODG Indications for Surgery -- Ankle Fusion:Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.After careful review of the enclosed information and the progress notes for this patient, it appears that all of the above have been met with the exception of one: #3 - malalignment of the ankle joint. It is noted in the chart that the ankle joint is in alignment. So per the above mentioned criteria, this patient does not meet ALL of the criteria for an ankle joint fusion at this time. If x-rays in the future do eventually demonstrate that the ankle joint is misaligned, then and only then will this patient meet the criteria for ankle joint fusion.