

Case Number:	CM14-0172580		
Date Assigned:	10/23/2014	Date of Injury:	07/02/2012
Decision Date:	02/20/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, California
 Certification(s)/Specialty: Orthopedic Surgery

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 57-year-old male who reported injury on 07/02/2012. The mechanism of injury was a motor vehicle collision. The injured worker's medications included Norco. The surgical history included an open reduction internal fixation with screw fixation of the tibiotalar joint through the heel along with the syndesmotic screws in 07/2012. The documentation of 09/10/2014 revealed the injured worker had pain at the anterior ankle and pain with dorsiflexion. The injured worker reported irritation and pain in the hardware. The injured worker was noted to have difficulty with ambulating and walking without an ankle brace or stability. The medications were noted to include Norco. The physical examination revealed the injured worker had tenderness to palpation along the hardware laterally. There was definite pain along the anterior aspect of the ankle joint and pain along the distal tibia anteriorly. There was positive anterior impingement sign with pain on dorsiflexion. There was pain along the joint line and less irritation along the medial malleolus but pain along the medial gutter. Sensation to light touch was intact. Motor strength was intact although it was noted to be weak in dorsiflexion and plantarflexion at 4/5. There was noted to be dorsiflexion contracture on the left side. The diagnostic studies were noted to include x-rays of the left ankle demonstrating syndesmotic screw removal with lateral fibular locking plate. The screws were in good position. There were a couple of the screws that could be long in terms of the position of the distal fibula. There was evidence of a screw inserted into the heel. The physician opined this could have caused articular disruption. Overall joint space was maintained with some evidence of osteophytes along the lateral gutter and some joint space narrowing along the medial gutter. The diagnoses included

left hardware irritation and pain along the lateral plate, left anterior impingement sign of the ankle with osteophytes and exostosis along the distal tibia and left ankle early signs of arthritis. The documentation indicated that eventually the screw fixation of the tibiotalar joint through the heel along with syndesmotomic screws were eventually removed. The treatment plan included possible use of an Arizona brace, physical therapy and injection to control pain; however, the injured worker indicated he would like to have the hardware removed first and had significant pain. Additionally, the physician opined that it would be worthwhile to evaluate the joint through ankle arthroscopy and evaluate any possible chondral defects that could be fixed. There was a request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic assisted distal tibial exostectomy: Overturned

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

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: <http://www.healio.com/orthopedics/journals/ortho/2011-10-34-10/%7Bc509f903-32fe-40f1-8c2d-9e7c8c404524%7D/anterior-ankle-impingement>

Decision rationale: According to an article titled, "Anterior Ankle Impingement", an exostectomy of the distal tibia and talar neck may be a good surgical choice in the patient with a prior ankle syndesmosis injury and degenerative disease. The injured worker was noted to have painful ankle region. The injured worker has painful anterior impingement and osteophytes and exostoses off the anterior distal tibia. Based on this information, the requested surgical intervention is appropriate. Given the above, the request for arthroscopic assisted distal tibial exostectomy is medically necessary.

Associated surgical services: pre-op labs: comprehensive metabolic panel (CMP) and complete blood count (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing

Decision rationale: The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination

findings. The requested surgical interventions are supported. Therefore, this request is medically necessary.

Associated surgical services: pre-op electrocardiogram (EKG): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG)

Decision rationale: The Official Disability Guidelines state preoperative ECG is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. The requested surgical interventions are supported. Therefore, the request is medically necessary.

Left ankle removal of hardware, arthroscopy, possible microfracture,: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hardware implant removal (fracture fixation), Knee & Leg Chapter, Microfracture surgery (subchondral drilling).

Decision rationale: The Official Disability Guidelines indicate that routine removal of hardware implanted for fracture fixation is not appropriate except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion. The injured worker was noted to have persistent pain. The Official Disability Guidelines indicate that microfracture surgery is appropriated when there is documentation of a failure of conservative care, joint pain and swelling plus a small full thickness chondral defect and a chondral defect on MRI. The injured worker was noted to have pain along the lateral hardware and screws that are too long. As such, the request for left ankle removal of hardware, arthroscopy, possible microfracture is medically necessary.