MAXIMUS Federal Services

Case Number:	CM14-0088408		
Date Assigned:	07/23/2014	Date of Injury:	08/12/2013
Decision Date:	03/12/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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: Minnesota, Florida
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 51-year-old male with a date of injury of 8/12/2013. The mechanism of injury was a fall from a height. He sustained a comminuted fracture of the calcaneus for which open reduction and internal fixation was performed on 8/13/2013 and the Lisfranc's joint was fused. Some of the hardware was removed on 2/19/2014. The current issues include right lateral ankle instability, subtalar arthritis, and pain after prolonged standing and ambulation. A prior CT scan of 1/22/2014 had revealed one screw extending into the subtalar joint which was subsequently removed on 2/19/2014. The progress notes dated 5/7/2014 indicate that he could now walk 1.5 miles without limping post surgery. However, his foot did get sore in the evening after progressives standing and ambulation. MRI scan of the right foot and ankle dated May 20, 2014 revealed advanced posterior subtalar joint arthrosis, 2 screws in the posterior calcaneus, healed fracture deformity involving the sustentaculum tali, mild middle subtalar joint arthrosis, chronic rupture of anterior talofibular ligament with marked scarring of the calcaneofibular ligament. A request for right subtalar fusion, ankle arthroscopy, lateral ankle ligament repair with fiber tape and removal of hardware was noncertified by utilization review citing ODG guidelines on June 2, 2014. This was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right subtalar joint fusion, ankle arthroscopy with debridement, lateral ankle ligament repair and 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 (ODG)-Treatment in Workers Compenssation (TWC) 18th Edition, 2013 Updates, Foot and Ankle Chapter-Fusion (arthrodesis), Lateral Ligament Ankle Reconstruction, Hardware Implant Removal

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Surgery for ankle sprains, fusion

Decision rationale: ODG guidelines indicate that a subtalar fusion is not supported except for stage III or 4 adult acquired flatfoot. With regard to ankle ligament reconstruction California MTUS and ODG guidelines recommend lateral ligament ankle reconstruction in the presence of indications which include positive stress x-rays identifying motion at ankle or subtalar joint with at least 15 lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic changes on x-ray. Based upon a review of the medical records provided, stress x-rays have not been obtained and as such the criteria for lateral ligament ankle reconstruction have not been met. ODG guidelines do not recommend routine removal of hardware implanted for fracture fixation except in the case of broken hardware or persistent pain after ruling out other causes of pain. As such, the request for removal of hardware is not supported. In light of the above the request for subtalar arthrodesis, lateral ligament reconstruction, removal of hardware and arthroscopy of the ankle is not supported and the medical necessity is not established.