

Case Number:	CM15-0009427		
Date Assigned:	01/27/2015	Date of Injury:	10/01/2012
Decision Date:	04/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 50 year old male sustained a posterior tibial pylon on October 1, 2012. This was treated with external fixation and closed reduction on 10/03/2012. The external fixation was removed on 10/10/12 and an ORIF performed. On 03/13/2013 arthroscopy and ORIF was performed. On 10/01/2014 he reported right ankle pain and has been diagnosed with osteoarthritis-ankle and/or foot. Treatment to date has included Aleve and etodolac and orthotics. The PR2 of 11/20/2014 stated he had failed injections, but no notes about injections were found. A statement that he had failed medications was also included but documentation did not contain evidence about medication changes. Currently the injured worker complains of right ankle pain on the right side that worsens with activity. The treatment plan included surgery and follow up. On December 17, 2014 Utilization Review non certified reconstruction right ankle joint, removal of support implant, njx platelet plasma, assistant surgeon, pre-op EKG, labs, PT x 12, and an inpatient stay 2-3 days citing the MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconstruction of right ankle joint: 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 and Foot.

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

Decision rationale: According to the ODG guidelines hardware removal unless it is broken or infected is not routinely recommended. No evidence is provided that this is the case The requested treatment of ankle reconstruction is not defined in the documentation. The ODG guidelines specifically do not recommend ankle arthroplasty. Thus the requested treatment reconstruction of right ankle joint is not medically necessary and appropriate.

Removal of support implant: 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 and Foot.

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: According to the ODG guidelines hardware removal unless it is broken or infected is not routinely recommended. Documentation does not provide evidence the support implant is broken. Guidelines also indicate removal can be considered if the hardware is painful, but no evidence is provided that this is the case. Thus the requested treatment: Removal of support implant is not medically necessary and appropriate.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: assistant surgeon not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: assistant surgeon not medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay x 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Inpatient hospital stay 2-3 days is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Inpatient hospital stay x 2-3 days is not medically necessary and appropriate.

Pre-op EKG, labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Pre-op EKG, labs is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Pre-op EKG, labs is not medically necessary and appropriate.

Associated surgical service: Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Physical therapy 12 visits is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Physical therapy x 12 visits is not medically necessary and appropriate.

Platelet plasma injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Platelet plasma injection is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Removal of support implant is not medically necessary and appropriate, then the Requested Treatment: Platelet plasma injection is not medically necessary and appropriate.