

<b>Case Number:</b>	CM15-0131165		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Montana, Oregon, Idaho  
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 56-year-old male who sustained an industrial injury on 4/30/2012 resulting in right ankle injury. He was diagnosed with nonunion of joint fusion- grossly unstable; arthritis of the ankle joint; and, painful right ankle. Treatment has included two ankle fusion surgeries, rest, ice, stationary boot, physical therapy, and medication. Use of stationary boot and medication are noted to give him temporary pain relief. The injured worker continues to report ongoing activity-related right ankle pain, intermittent swelling, redness, and difficulty with ambulation. The treating physician's plan of care includes inpatient revision of arthrodesis of the right ankle with assistant surgeon. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Revision of Arthrodesis of the Right Anke and 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.

**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 arthrodesis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of ankle fusion. Per the ODG Ankle and Foot, Fusion (arthrodesis), is recommended for painful hindfoot osteoarthritis where there is documented conservative care including immobilization and pain aggravated by activity and weight bearing. ODG further states that the pain in the ankle must be relieved by Xylocaine injection with findings of malalignment and decreased range of motion. Imaging findings should include loss of articular cartilage, malunion, fracture or bone deformity. In this case the requested procedure is a second revision ankle arthrodesis. He has failed to fuse with two prior surgical interventions. For revision arthrodesis procedures patient factors should be optimized prior undertaking additional surgical intervention. Documentation of ongoing tobacco use and lack of documentation of negative nicotine testing is not present in the medical documentation. The request for revision ankle arthrodesis and assistant surgeon is therefore not medically necessary.