

Case Number:	CM15-0034640		
Date Assigned:	03/03/2015	Date of Injury:	05/14/2000
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 68 year old female who sustained an industrial injury when she slipped on a wet floor and fell on May 14, 2000. The injured worker is status post subtalar arthrodesis followed by reconstruction of left the peroneal tendons in January 2006 and multiple cortisone injections to the area. The injured worker was diagnosed with status post left ankle arthrodesis and osteoarthritis of the left ankle/foot. Exam note from 2/9/15 demonstrates persistent pain in her left ankle. Exam demonstrates scars about the lateral ankle and 25 degree arc of motion. Radiographs report subtalar fusion with screw in place. Report of significant narrowing of the ankle joint space consistent with arthritis. Amendment performed on 2/9/15 demonstrates claimant has performed over 6 months of physial therapy and exercises without improvement. Request is made for a Wright Medical Product non constrained device. Radiographs from 2/9/15 demonstrates moderater to severe osteoarthrosis of the tibiotalar joint of the left ankle. The treating physician requested authorization for Left total ankle replacement and Length of stay - 1 day. On February 17, 2015 the Utilization Review denied certification for Left total ankle replacement and Length of stay - 1day. Citation used in the decision process was the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total ankle replacement: 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 and Foot, Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle, Arthroplasty, total ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total ankle replacement. According to the Official Disability Guidelines, Arthroplasty (total ankle replacement), "Not recommended for total ankle using cemented devices approved via the FDA 510(k) process. [The FDA 510(k) process does not require data demonstrating improved outcomes.] Under study for first metatarsophalangeal joint implant arthroplasty. Recommended as an option in selected patients for non-constrained uncemented devices with FDA PMA approval. See Scandinavian total ankle replacement system (STAR). Total ankle replacement has been investigated since the 1970s with initially promising results, but the procedure was essentially abandoned in the 1980s due to a high long-term failure rate, both in terms of pain control and improved function. Currently, four ankle prostheses are commercially available or under investigation in the U.S. The main alternative to total ankle replacement is arthrodesis. While both procedures are designed to reduce pain, the total ankle replacement is additionally intended to improve function. At the present time there are inadequate data on available total ankle replacements to permit conclusions regarding their safety and effectiveness." In this case the exam note from 2/9/15 demonstrates there is sufficient information regarding failure of nonoperative care, significant symptomatic osteoarthritis of the affected ankle. In addition, the ankle replacement proposed is a non-constrained uncemented device with FDA PMA approval. Therefore, determination is for certification.

Length of stay-1: 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 and Foot, Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay. According to the ODG, Ankle, Hospital Length of stay, Total ankle, Best practice is 2 days. As the request is for a 1 day stay, the determination is for certification.