

Case Number:	CM15-0041636		
Date Assigned:	03/11/2015	Date of Injury:	07/18/2013
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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 60 year old male, who sustained an industrial injury on July 18, 2013. He has reported left ankle pain. Diagnoses have included osteoarthritis of the ankle/foot. Treatment to date has included medications, ice, bracing and physical therapy. MRI of the ankle on 12/19/14 demonstrates slight anterior tibial spur but no evidence of arthritis change. A progress note dated January 21, 2015 indicates a chief complaint of left ankle pain, swelling and deformity. The treating physician documented a plan of care that included a right triple arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle triple arthrodesis: 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), Indications for Surgery.

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

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 exam notes from 1/21/15 does not demonstrate evidence of prior conservative care or injections into the joint. There is no evidence of significant arthritis from the MRI of 12/19/14 to warrant an ankle fusion. Therefore the determination is for non-certification. The request is not medically necessary.