

Case Number:	CM15-0050268		
Date Assigned:	03/23/2015	Date of Injury:	09/26/2014
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 67-year-old male who reported an injury on 9-26-2014 due to a slip and fall. The injured worker reported sustained an injury to his right ankle. The injured worker underwent an open reduction/internal fixation of the right on 11/04/2014 followed by casting and activity modifications. The injured worker underwent a CT scan post surgically on 01/29/2015 that documented there was a healing fracture of the right posterior ankle malleolus and distal fibula. The injured worker was evaluated on 02/04/2015. It was documented that the injured worker continued to complain or right ankle pain. Physical finding included tenderness to palpation with range of motion described as 0 degrees dorsiflexion and 40 degrees in plantarflexion. The injured worker's treatment plan included right ankle arthroscopy with repair of the lateral malleoli malunion and removal of hardware. A request for authorization was submitted on 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy with Debridement: 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); Ankle & Foot, Wound Dressing (updated 12/22/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The requested right ankle arthroscopy with debridement is not medically necessary or appropriate. The clinical documentation submitted for review does not sufficiently describe the injured worker's postsurgical rehabilitation of the right ankle. Furthermore, the clinical documentation does include an imaging study that indicates the fracture is healing. The American College of Occupational and Environmental Medicine recommends surgical intervention for the ankle for patients who have failed to respond to conservative treatment and have signs and symptom consistent with pathology identified on an imaging study. Given that the imaging study indicates that the injured worker's fracture is healing and there is no documentation of postsurgical rehabilitation additional surgical intervention would not be warranted in this clinical situation. As such the request is not medically necessary or appropriate.

Cultures 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) Hardware Implant Removal (fracture fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Hardware Removal.

Decision rationale: The requested cultures and hardware removal are not medically necessary or appropriate. Official Disability Guidelines recommend the removal of hardware for patients who have significant pain interfering with function related to the hardware after all other pain generators are ruled out. The clinical documentation submitted for review does not provide any indication that the injured worker has any type of infection. However there is no documentation to support that the injured worker's hardware is broken, therefore, causing significant pain and limited function. Therefore the need for hardware removal would not be supported in this clinical situation. As such the request is not medically necessary or appropriate.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Cam Walker Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Roll-about Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy (twice weekly): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.