

Case Number:	CM14-0133796		
Date Assigned:	08/25/2014	Date of Injury:	11/10/2013
Decision Date:	10/27/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male injured on November 10, 2013. The injured worker stepped on a ladder, the ladder then slipped which caused the injured worker to slip and fall, injuring the right foot. The diagnosis is osteoarthritis of the right ankle, aggravated by industrial injury, slip and fall. PR-2 report, dated August 18, 2014, indicates the injured worker complains of right ankle pain, intermittent swelling of the right ankle during the day. The injured worker utilizes a CAM walker and crutches while at work. Physical exam notes no swelling in right ankle, full ankle range of motion, 5/5 strength, tenderness to palpation anterior to the medial malleolus, tenderness to palpation over the anterior talofibular ligament. Treatments for ankle pain have included physical therapy, cold therapy and Naproxen as needed. The injured worker states physical therapy has not helped much with ankle pain. The actual number of physical therapy visits was not provided. PR-2 report, dated July 7, 2014, indicates the injured worker was experiencing 50% improvement of right ankle symptoms but continues to complain of swelling and pain with long periods of standing. He feels he requires a 15 minute break with every 2 hours of standing. This report also noted the injured worker was seen by a podiatrist who viewed results of an MRI of the injured worker's right ankle and recommended right ankle triple arthrodesis with Achilles lengthening. MRI of the right ankle revealed right symptomatic talocalcaneal tarsal coalition with degenerative joint disease changes in hindfoot. Actual MRI was not provided in the records. The request for triple arthrodesis with achilles lengthening of the right ankle and post-operative physical therapy for the right ankle were denied in previous utilization review on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple Arthrodesis with Achilles Lengthening of the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Ankle and Foot Chapter (updated 03/26/2014) Fusion (arthrodesis), ODG Indications for Surgery -- Ankle Fusion:

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Ankle and Foot, Arthrodesis (fusion)

Decision rationale: Per ODG, indications for ankle fusion include failure of conservative care such as immobilization via casting, bracing or other orthotic; or NSAIDs; PLUS pain that is aggravated by activity and weightbearing and relieved by xylocaine injection; PLUS malalignment and decreased range of motion; PLUS positive x-ray confirming loss of articular cartilage, or bone deformity or non-union/malunion of a fracture. Per progress report dated 08/18/14, there was no swelling in the right ankle; full ankle range of motion; 5/5 strength in right ankle; tenderness to palpation just anterior to medial malleolus and over the ATFL. Based on the clinical information provided, the injured worker does not meet criteria as the exam findings do not support the need for the proposed surgical procedure. Therefore the request is not medically necessary.

Post-Operative Physical Therapy for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 03/26/14) Physical Therapy (PT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Ankle and Foot, Physical therapy (PT)

Decision rationale: The request for post-operative physical therapy is contingent upon approval of the requested surgery. noting that medical necessity has not been established for surgical intervention there is no need for post-op physical therapy. Based on the clinical information provided, the request for Post-Operative Physical Therapy for the Right Ankle (quantity not specified) is not medically necessary.