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| Case Number: | CM14-0158967 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 09/14/2011 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 and is licensed to practice in California. 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:

52 year old female claimant with an industrial injury dated 09/14/11. The patient is status post an open reduction internal fixation of the left ankle. X-rays reveal significant loss of ankle joint space. Exam note 07/16/14 states the patient returns with left ankle pain. The patient explains the pain is worsening and walks with a limp. Upon physical exam the patient demonstrated a painful range of motion. There was tenderness and swelling surrounding the ankle joint. Diagnosis is noted as left ankle arthritis. Treatment includes a left ankle fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle fusion.: Upheld

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

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, 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 7/16/14 do not demonstrate evidence of prior conservative care or injections into the joint. There are no formal radiographs demonstrating malalignment or malunion to warrant an ankle fusion. Therefore the determination is for not medically necessary.