

Case Number:	CM14-0210724		
Date Assigned:	02/03/2015	Date of Injury:	10/08/2014
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 was a 28-year-old male, who was injured on the job, October 8, 2014. The injured worker was temporarily totally disabled. The injured worker was diagnosed with distal fibula fracture, derangement of the left ankle, painful gait, ligament injury to the lateral collateral ligament and talus fracture. The injured worker was temporary totally disabled. According to the progress note on November 5, 2014, the injured worker was non-weight bearing with crutches, CAM walker and boot. The injured worker was working on range of motion exercises, decreased pain but stiffness. The injured worker was taking hydrocodone with acetaminophen for pain. The CT of the left foot demonstrated a comminuted fracture of the lateral malleolus. The MRI of the ankle demonstrated a comminuted fracture of the lateral malleolus and multiple small chips fractures of the talus involving the talocalcaneal joint and the ankle joint mortise. On November 19, 2014 a repeat x-ray of the left ankle, AP and lateral views, was completed. The x-ray showed lateral malleolar fracture with bone density seen adjacent to the talus which may reflect bony fragments and or loose body. The orthopedic surgeon suggested open reduction & internal fixation left fibula by fluoroscopy. On December 5, 2014, the UR denied an assistant for an open reduction & internal fixation left fibula by fluoroscopy. According to the IDG a surgical assistant was recommended for more complicated surgeries and was the assistant surgeon was a physician or a health care professional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open reduction and internal fixation of left fibula under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle, Open reduction and internal fixation

Decision rationale: CA MTUS/ACOEM is silent on the issue of open reduction and internal fixation. Per the ODG, Ankle section, open reduction and internal fixation, “Recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place.” In this case the exam notes from 11/19/14 do not demonstrate a displaced fracture requiring open reduction and internal fixation. Therefore, the determination is for non-certification.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Shower boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg, DME

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: IF Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential current stimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-119.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Physical therapy 3 x 4 to the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.