

Case Number:	CM14-0214980		
Date Assigned:	01/02/2015	Date of Injury:	02/27/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida
 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 33-year-old male with a history of bimalleolar fracture of the right ankle on 2/27/2013. He underwent open reduction and internal fixation. A postoperative x-ray dated 3/7/2013 documented anatomic fixation of both the medial malleolus and lateral malleolus. The distal fibular fracture was fixed with a plate. A screw was utilized for the medial malleolus. The alignment was anatomic and there was no evidence of joint widening. Joint space was intact. A follow-up x-ray of 6/3/2013 revealed status post open reduction internal fixation of bimalleolar fracture of the ankle. The fracture lines were faintly visible. Joint space was maintained. There was disuse osteopenia present. Per follow-up consultation of 10/29/2014 he was complaining of right ankle pain. The location was medial ankle/midfoot. Pain was aggravated by walking, weightbearing and contact. He was working regular duty and was walking with full weightbearing with no assistive device. On examination healed surgical scars were noted on the medial and lateral aspects. There was minimal swelling. There was tenderness over the medial malleolus documented. Range of motion of the right ankle was slightly less than the left. In particular, dorsiflexion was -5 on the right and 20 on the left. Plantar flexion was 50 on the right and 60 on the left. Inversion and eversion were equal bilaterally. An x-ray of the right ankle was obtained. The progress note indicates the fractures were healed in good alignment. There was an anterior ankle loose body/exostosis. There was no joint space narrowing. Good hardware position. The provider recommended removal of hardware, arthroscopy and removal of loose body. A request for surgery was noncertified by utilization review on 12/17/2014. The reasons given included no conservative treatment had been given, he was getting relief with

over-the-counter medications and was working regular duty, x-rays revealed the medial and lateral malleolar fractures were healed and in good alignment and there was an anterior ankle loose body/exostosis with no tenderness in that area. There was no joint space narrowing and the hardware position was good. The guidelines do not support hardware removal unless there has been failure of hardware and persistent pain despite conservative treatment. Therefore the medical necessity for the surgery was not established. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle hardware removal, scope, and removal of loose body (outpatient): Upheld

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

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

Decision rationale: ODG guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. It should not be considered a routine procedure. The medical records indicate anatomic fixation of the bimalleolar ankle fracture. The medial malleolus was a small fragment and one screw was utilized. The fibular plate was relatively asymptomatic and there was no tenderness documented on the lateral aspect. The fractures were healed and there was good joint space present with no evidence of degenerative change. The loose body/exostosis was located on the anterior aspect with no tenderness documented in that area. The only documented tenderness was on the medial aspect. There was no joint effusion present. No history of locking or giving way. No conservative treatment had been prescribed. Based upon the above, the guidelines do not recommend routine removal of hardware. As such, the request for hardware removal and arthroscopy of the ankle with removal of the loose body/exostosis is not supported by guidelines and the medical necessity of the request is not substantiated.

Surgical assistant: 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.

Cam 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 shoe: 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.

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.

Crutches: 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.

Physical therapy (12 visits): 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.