

Case Number:	CM15-0012735		
Date Assigned:	01/30/2015	Date of Injury:	07/25/2013
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old female sustained a work related injury on 07/25/2013. According to a progress report dated 09/25/2014, the injured worker had persistent pain of the right ankle and hind foot. Objective findings included a right triple arthrodesis and tenderness over the ankle. Diagnoses included status post complex right ankle fracture, degenerative arthritis right ankle and difficulty walking. A prescription was given for an Arizona brace. The goal was to make his pain more manageable to increase his function. According to a progress report dated 12/11/2014, the injured worker had finally received his Arizona brace and had it for one day. According to a progress report dated 12/29/2014, the injured worker indicated that the Arizona brace was helpful, but he was not satisfied and would like to consider surgical options. He could spend 3 to 4 hours on his feet with the Arizona brace, but previously he was unlimited. He had limited ankle motion with tenderness. There was no hind foot motion. According to the provider, the injured worker's expectation was that he would be fully functional and hike as he had done before. The provider noted that the results of a pantalar fusion are not nearly as favorable as an ankle fusion done in isolation. Treatment plan included an evaluation with another provider for a total ankle replacement versus a pantalar fusion. On 01/14/2015, Utilization Review non-certified surgical consult for evaluation of a total ankle replacement versus pantalar fusion. According to the Utilization Review physician, the injured worker had the ability to spend 3-4 hours on his feet with use of the current brace and the outcome of the current further surgical options in this case is not clear to provide significant benefit. Guidelines cited for this review included CA MTUS

ACOEM Guidelines Chapter 14 Ankle and Foot Complaints page 374-375. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical Consult for Evaluation of a Total Ankle Replacement versus Pantalar Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (acute & chronic), Fusion (arthrodesis), and Indications for Surgery, Ankle Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 274-276.

Decision rationale: Regarding ankle surgeries, MTUS states the following: "Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functional improvement - Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot - Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms."The employee is walking on the ankle for 3-4 hours per day. Therefore, surgical intervention is not necessary, and the request for a Surgical Consult for Evaluation of a Total Ankle Replacement versus Pantalar Fusion is not medically necessary.