Case Number:	CM15-0116366		
Date Assigned:	06/24/2015	**Date of Injury:**	05/18/2013
Decision Date:	07/30/2015	**UR Denial Date:**	05/20/2015
Priority:	Standard	**Application Received:**	06/16/2015

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: Illinois, California, Texas
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:

This injured worker is a 48-year-old male who sustained an industrial injury on 5/18/13. Injury occurred when he was apprehending a combative intoxicated individual and twisted his right ankle. He sustained a medial malleolar fracture and underwent open reduction and internal fixation with two horizontal medial malleolar screws on 5/24/13. Conservative treatment included activity modification, physical therapy, exercise, and corticosteroid injection. The 10/24/14 right ankle MRI impression documented no evidence of a tear of significant tendinosis involving the posterior tibial tendon. There was posttraumatic tibiotalar joint osteoarthrosis, status post open reduction and internal fixation of the distal tibia. There was an old non-united fracture at the tip of the fibula with an 8 mm posttraumatic ossicle within the anterolateral gutter, which could impede ankle joint range of motion. The 5/5/15 orthopaedic consultation report cited progressively worsening right medial and posteromedial-sided ankle pain and stiffness. Symptoms were increased with prolonged standing, walking, descending stairs, and trying to run. Physical exam documented varus alignment to the heel of his right ankle, compared to the left. He was able to walk with a normal gait, was had difficulty in simulated stair climbing. He had active dorsiflexion, plantar flexion, inversion and eversion. Passive plantar flexion with knees bent was 20 degrees bilaterally. With knees straight, passive dorsiflexion was 10 degrees right and 20 degrees left. Subtalar motion revealed a 30 degrees arc, but he did not swing past neutral greater than 10 degrees on the right. He had pain along and around the right medial malleolus but it did not extend up the posterior tibial tendon, and pain in the anterior ankle. Weight bearing x- rays showed medial joint space narrowing and a varus tilt of 8 degrees within the joint space and a gentle tibial adjustment in varus position. The screws were intact.

The diagnosis was right ankle posttraumatic osteoarthrosis. The orthopaedic surgeon opined that a lot of his symptoms were coming from the right ankle osteoarthritic changes, and expressed concern regarding the posteromedial stiffness which could be related to some of the hardware placement and concern regarding the varus alignment of the tibia. The treatment plan recommended arthroscopic debridement, removal of the anterior ankle osteophyte, and removal of the hardware. Authorization was requested for right ankle arthroscopic debridement and removal of hardware, and post-operative physical therapy 2x6. The 5/20/15 utilization review non-certified the right ankle arthroscopy with debridement and hardware removal and associated post-operative physical therapy as there were no clinical findings correlated with imaging findings and no convincing report that the fixation screws were causing pain to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy right ankle debridement and removal of hardware: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines.

MAXIMUS 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 and Foot: Arthroscopy; Hardware implant removal (fracture fixation).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines state there exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. 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. Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. Guideline criteria have been met. This injured worker presents with residual medial and posteromedial ankle pain and stiffness. Residual functional limitations that prevent performance of full work activities. Clinical exam findings are consistent with imaging evidence of plausible bony or hardware impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post op physital therapy 12 (2 times 6) visits right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for ankle sprain and fracture suggest a general course of 21 to 34 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request is consistent with initial treatment recommendations for post-operative ankle surgery treatment. Therefore, this request is medically necessary.