

Case Number:	CM15-0118757		
Date Assigned:	06/29/2015	Date of Injury:	04/15/2012
Decision Date:	09/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 is a 30 year old male, who sustained an industrial injury on 4/15/12 after jumping through a ceiling and landing awkwardly on the left leg. He reported an open left ankle fracture. The injured worker was diagnosed as having left ankle arthritis. Treatment to date has included open reduction internal fixation of the left ankle on 4/16/12, physical therapy, aquatic therapy, multiple Cortisone injections, braces, orthotics, removal of left ankle hardware on 10/23/14, and medication. An MRI report of the left ankle dated 1/19/15 revealed remote extensive fracture deformity involving the distal tibia with evidence of partial osseous healing, marrow edema with subchondral cyst formation along tibial plafond, medial talar dome osteochondral lesion, subchondral degenerative cyst formation along the anterolateral talar dome, chronic anterior talofibular ligament (ATFL) thickening, peroneus brevis tendinosis and mild sprain injury involving the flexor hallucis longus muscle. A physicians report dated 5/6/15 indicates subjective complaints of left ankle pain and variable numbness generally after rising and after walking. Objective findings include edema with tenderness over the left tarsal tunnel and dorsal mid foot and limited range of motion. Dorsiflexion is noted to be 10 degrees and plantar flexion is noted to be 40 degrees. A physician's report dated 6/3/15 indicates radiographs reveal end-stage ankle arthritis with no joint space remaining and pain originating in the arthritic joint space. The treating physician requested authorization for left ankle fusion, a 3-day inpatient hospital stay, pre-operative medical clearance for the left ankle, a knee scooter, and a cast cover.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle fusion for the left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle fusion surgery, ankle and foot section.

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 hind foot 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, and fracture or bone deformity. In this case there is sufficient evidence in the radiographs of 8/6/14 demonstrating severe osteoarthritis to warrant surgery. Therefore the guideline criteria have been met and determination is medically necessary.

Associated surgical service: In-patient hospital stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot section, fusion (arthrodesis).

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, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay. Per the ODG, Ankle and Foot, Hospital Length of Stay, 2 days is considered best practice. As the request exceeds the recommendation, determination is not medically necessary.

Pre-operative medical clearance left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pre-operative testing, low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 30 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is not medically necessary.

Associated surgical service: Knee scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, rolling knee walker.

Decision rationale: CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case the exam note from 5/6/15 does not demonstrate inability to use a standard crutch or walker. Therefore the determination is not medically necessary.

Associated surgical services: Cast cover: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

Decision rationale: As the requested rolling knee walker is not medically necessary, the associated cast cover is not medically necessary.