

<b>Case Number:</b>	CM15-0126433		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/11/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Indiana, Oregon  
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 58 year old female, who sustained an industrial injury on December 11, 2011. She reported an injury to her right knee and left ankle. Treatment to date has included diagnostic imaging, left ankle replacement, left Achilles tendon release, assistive devices, injections to the ankle, physical therapy and medication. Currently, the injured worker complains of left ankle pain and restricted range of motion. She reports associated swelling and tightness of the ankle. She uses a cam walker to help with dorsiflexion and uses a cane for assistance. The injured worker was evaluated by an orthopedic surgeon on June 15, 2015. Imaging of the left ankle revealed stable left ankle replacement with normal bone prosthetic interface. There was no evidence of mechanical impingement. The diagnosis associated with the request is left ankle arthrofibrosis status post ankle replacement. The treatment plan includes left posterior ankle release with one day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left posterior ankle release:** Overturned

**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 Hur, Gi-Yeun, et al. "Correction of Post burn Equinus Deformity." *Annals of plastic surgery* 70.3 (2013): 276-279.

**Decision rationale:** CA MATUS/ACOEM and ODG are silent on posteromedial release after TAA. There is no large series in the literature regarding the topic. Related description of release after burns for recurrent equinus is referenced. In this case, there is a recurrent equinus deformity after total ankle arthroplasty. The function with residual equinus is poor and there are surgical options to treat. There is reasonable expectation of restoration of dorsiflexion with the surgical procedure requested. Based on this the request is medically necessary.

**1 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital length of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

**Decision rationale:** CA MTUS/ACOEM is silent on length of stay after ankle capsular release. ODG ankle is referenced. Arthroscopylisis of adhesions is referenced as the open procedure is of a similar magnitude. Outpatient surgery is recommended. In this case the request is for 1 night stay after ankle capsular release. The procedure should be performed as outpatient and therefore the 1 night stay is not medically necessary.