

Case Number:	CM15-0174988		
Date Assigned:	09/11/2015	Date of Injury:	08/31/2012
Decision Date:	10/15/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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, Oregon, Washington
 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 43 year old female, who sustained an industrial injury on 08-31-2012. The injured worker was diagnosed as having abnormality of gait, Achilles tendinitis-bursitis, other disorders; synovium-tendinitis and tibialis tendinitis. On medical records dated 08-07-2015 and 07-08-2015, the subjective findings noted right Achilles pain, pain on outside and inside of ankle. Objective findings of right ankle- foot were noted the soft tissue of the posterior aspect of the leg, and peroneal muscles were moderately tender to palpation with edema, a well healed scar at the curve of distal fibula was noted as well. Achilles tendon was mildly tender to palpation, as was midshaft of metatarsal 2-5, plantar fascia, and insertion of Achilles tendon. The injured worker underwent A MRI on 06-09-2015 which revealed thickening, anterior talofibular and tibiofibular ligaments, presumed postoperative changes lateral malleolus with medial malleolar and medial talar edema and talocalcaneal degenerative change and edema, and subcutaneous and soft tissue edema. Treatments to date included ice and compression sock, medication, CAM boot, mobileggs crutches, physical therapy, and psychotherapy. Current medication included Gabapentin and Ibuprofen. The Utilization Review (UR) was dated 08-21-2015. A Request for Authorization was dated 08-07-2015. The UR submitted for this medical review indicated that the request for Right Triple Arthrodesis, Peroneal Repair versus Longus to Brevis Transfer and PTAL, associated surgical service: game ready cold therapy compression cooling device and associated surgical service: weight bearing 3 view x-rays of right ankle and foot were all non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Triple Arthrodesis, Peroneal Repair versus Longus to Brevis Transfer and PTAL:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 20th Edition, 2015 Updates: Ankle chapter- Fusion (arthrodesis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, Fusion (arthrodesis).

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 hindfoot 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, fracture, or bone deformity. In this case the exam notes from 8/7/15 or 7/8/15 do not demonstrate evidence of prior conservative care or injections into the joint. There are no formal radiographs demonstrating malalignment or malunion to warrant an ankle fusion. Therefore the request is not medically necessary.

Associated surgical service: game ready cold therapy compression cooling device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 20th Edition, 2015 Updates: Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, Fusion (arthrodesis).

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: weight bearing 3 view X-rays of right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, Fusion (arthrodesis).

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.