

Case Number:	CM15-0068165		
Date Assigned:	04/15/2015	Date of Injury:	04/30/2012
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida

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 55 year old male, who sustained an industrial injury on 4/30/2012. He reported sustaining injury to the right ankle while working on sloped ground. He is status post ankle arthroscopy in 2013 and Open Revision Ankle Athrodesis July 2014. Diagnoses include ankle arthritis, non-union of arthrodesis status post ORIF 9/25/14, pain in limb, tinea pedis and joint pain. Treatments to date include activity modification, orthopedic boot, and medication therapy. Currently, he complains of right lower extremity pain. The provider documented that recent Radiographical imaging revealed non-union and broken screws with possible revision to be scheduled. The injured worker presented to the Emergency Department 1/21/15 with complaints of severe acute right foot pain and ankle swelling. On 1/28/15, the physical examination documented redness and swelling and limited range of motion. The plan of care included evaluation for left ankle revision surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day inpatient length of stay with deep hardware removal, revision arthrodesis of right ankle and right distal tib-fib joints: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and foot, Topic: Fusion, ankle, Hospital length of stay.

Decision rationale: The progress notes dated March 12, 2015 indicate continuing right ankle pain. It was reported to be moderate to severe in intensity and was associated with redness and swelling every 2-3 days. X-rays of the right ankle obtained on 2/11/2015 revealed osteopenia of mild degree. The implants showed signs of loosening/motion and broken screws were present. The arthrodesis segments were well aligned but they were not united. An x-ray of the foot revealed broken screws in the talus. All other bony and soft tissue landmarks were otherwise unremarkable. An arterial Doppler did not reveal any occlusions. Velocities were all normal. The diagnosis was nonunion of joint fusion, right ankle; obesity; nicotine addiction. Revision arthrodesis of the right ankle and right distal tibiofibular joints was recommended. ODG criteria for ankle fusion include conservative care, subjective clinical findings of pain with aggravation by activity and weight bearing plus objective clinical findings plus imaging clinical findings of positive x-ray. The injured worker has had a fusion performed twice and clearly has broken screws and a nonunion per available records. The prior utilization review non-certification was due to absence of documentation pertaining to broken hardware and nonunion of the fusion. Multiple progress notes have been submitted indicating evidence of broken hardware. The requested revision of the ankle and distal tibiofibular fusion with removal of deep hardware is appropriate and the medical necessity of the request has been substantiated. The requested one day of hospitalization is appropriate per ODG guidelines and the medical necessity of the request has been established and therefore is medically necessary.