MAXIMUS Federal Services

Case Number:	CM15-0071317		
Date Assigned:	04/21/2015	Date of Injury:	10/02/2012
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 10/02/12, due to continuous trauma. Past medical history was positive for diabetes mellitus type II, and reactionary depression and anxiety. Records documented the 8/9/13 right ankle MRI impression with extensive/large area of avascular necrosis, involving the entire talar dome. There was subtle cortical depression on the central and lateral aspect of the talar dome with irregular cartilage loss. A CT scan of the hindfoot could be considered for additional evaluation for the possibility of post-traumatic avascular necrosis. There was a small area of avascular necrosis in the talar head, severe sprain of the anterior and posterior talofibular, fibulocalcaneal, and calcaneonavicular ligaments. There was peroneal tenosynovitis, mild plantar fasciitis, and inflammation of the pre-Achilles tendon fat. There was physiologic effusion of the medial flexor tendons, ankle joint effusion with extensive synovitis and scar tissue, and scattered joint effusions in the middle subtalar and talonavicular joints. Reports documented the 4/16/14 right ankle x-ray impression with AP, lateral and mortise views of the ankle negative for fracture and joint spaces were maintained. The 11/26/14 orthopedic surgeon report cited right ankle pain with activity and standing. The injured worker was using an ankle foot orthosis (AFO) and was limited in activities due to pain. Physical exam documented some crepitus with ankle motion, supple subtalar motion, and no limitation in the mid foot. The diagnosis was right ankle osteonecrosis talus. Continued use of the AFO was recommended. He was capable of sedentary work. Records documented 11 visits of physical therapy provided for the low back, right ankle and knee from 10/21/14 to 1/2/15. The 2/26/15 treating physician report cited on-going debilitating right foot

and ankle pain which was aggravated by any weight bearing. Pain was 8/10 and limited mobility and activity tolerance. He was using a hinged right AFO which helped alleviate pain and provided support. He underwent an orthopedic second opinion exam on 2/13/15. He was diagnosed with avascular necrosis with subchondral collapse of the talus, weight bearing surface. He agreed with the treating orthopedic surgeon's recommendation for talocrural arthrodesis. The injured worker was seen by the orthopedic surgeon on 2/20/15 who recommended right ankle fusion due to on-going pain and ankle joint instability. Physical exam documented 5/5 lower extremity muscle testing, normal sensation, tenderness to palpation and the right ankle medial and lateral joint line. The injured worker was hesitant to undergo right ankle fusion and would like to have directed physical therapy and be taught self-directed activities. Authorization dated 2/13/15 requested: Talocrural arthrodesis (ankle fusion), right, Postoperative durable medical equipment (DME) cold therapy unit, 14 day rental; and Postoperative physical therapy, 12 sessions. The 2/13/15 orthopedic report, The 3/18/15 utilization review non-certified the request for right talocrural arthrodesis (ankle fusion) and associated post-operative surgical requests as there was normal range of motion, and no documentation of injection, instability, or malalignment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talocrural arthrodesis (ankle fusion), right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

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: Fusion (arthrodesis) and Other Medical Treatment Guidelines Gross CE, Haughom B, Chahal J, Holmes GB Jr. Treatments for avascular necrosis of the talus: a systematic review. Foot Ankle Spec. 2014 Oct;7(5): 387-97. Wheeless Textbook of Orthopaedics. AVN and Salvage of Talus Fractures. 8/4/14. http://www.wheelessonline.com/ortho/anv_and_salvage_of_talus_fractures.

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 (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain aggravated by activity and weight bearing and relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Peer-reviewed literature indicates that there is very low quality evidence for treatment of avascular necrosis of the talus with arthrodesis recommended as a salvage procedure. Relative to avascular necrosis

treatment, Wheeless recommends that physical exam, radiographs, and differential injections be used to determine which joints are painful. MRI can be used to determine the amount of collapse and residual avascular necrosis and radiographs can be used to evaluate joint arthrosis. Guideline criteria have not been met. This injured worker presents with persistent function-limiting right foot and ankle pain which is alleviated with use of an AFO. Records provided limited clinical exam information and do not document instability, malalignment or current range of motion. There is no documentation of injection therapy or response. There is no current imaging evidence noted to evaluate the current collapse and residual avascular necrosis, the most recent imaging documented was performed on 8/9/13. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Postoperative durable medical equipment (DME) cold therapy unit, 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Continuous-flow cryotherapy.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Postoperative physical therapy, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the surgical request is not supported, this request is not medically necessary.