

<b>Case Number:</b>	CM15-0093529		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 56 year old male, who sustained an industrial injury on 4/30/2012. He reported right ankle pain. The injured worker was diagnosed as having right ankle joint pain, generalized anxiety disorder, nonunion of joint fusion, obesity, and nicotine addiction. Treatment to date has included off work status, medications, urine drug screening, ankle surgery on 2/27/2013 and revision on 7/29/2014, and cam boot. He continues to not work. The request is for ankle arthrodesis. On 11/6/2014, he remained in a cam boot. He complained of continued right ankle joint pain. He reported his pain to be mildly better since surgery, and continued to take 6-7 Norco daily. On 12/3/2014, he complained of continued right ankle pain. X-rays done in the office of the right ankle are reported to reveal arthrodesis segments well aligned with no shift in position, the screws going into the talus are all fractured, but there is no shift in alignment. On 2/11/2015, x-rays were reported to have been taken and revealed mild osteopenia, implants present with no signs of loosening, broken screws are present. On 3/10/2015, he reported having reasonably controlled right ankle pain, which he rated 5.5/10. The treatment plan included: Lorazepam, Hydrocodone-Acetaminophen, and follow up. On 3/12/2015, he reported worsening symptoms of the right ankle. He is noted to have redness, and swelling to the right ankle area that comes/goes every 2-3 days. On 4/15/2015, he reported continued right ankle pain. Examination revealed no deformity, redness, swelling, bruising or atrophy. Tenderness is noted around the entire ankle, and there is no significant ankle laxity to inversion, eversion or anterior drawer stress testing. The treatment plan included revision arthrodesis of right ankle and right distal tib-fib joints. The x-ray reports mentioned in the medical records are not available for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle Arthrodesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter (online version), Indications for surgery- ankle fusion.

**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 4/15/15 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 medically not necessary.