

<b>Case Number:</b>	CM13-0006377		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old male who reported an injury on 10/19/2009. The mechanism of injury was a slip and fall. Prior treatments included physical therapy, medications, Ritchie bracing, a synovectomy, tendon transfer reconstruction posterior tibial tendon, debridement deltoids ligament reconstruction 10/04/2011, and hammer toe correction surgery with EDL tendon transfer to the midfoot on 08/19/2010. The injured worker additionally underwent a repair for a medial meniscus tear on 03/29/2010. The injured worker underwent a CT of the right ankle without contrast on 07/05/2013 which revealed sclerosis involving the posterior subtalar joint that was most likely degenerative and most pronounced laterally. There was a track visible for relatively radiolucent anchor in the mid cuneiform. There was a small spur near the insertion of the Achilles tendon. There was a small area of mild thickening of the Achilles in its midportion that could signify chronic tendinitis. Additionally, there was diffuse soft tissue swelling which the physician opined could be due to soft tissue injury, inflammatory or vascular. There was mild thickening of the anterior tibial ligament that was probably stable compared to the prior MRI examination allowing for differences in modality. The physical examination dated 07/15/2013 revealed the injured worker had 0 degrees of dorsiflexion and plantarflexion of 30 degrees. The subtalar motion was almost completely absent. Any attempt at inversion or eversion motion elicited severe pain. The injured worker localized the pain primarily laterally. The injured worker stood with an abduction external rotation deformity of the foot. The ankle seemed to be in good position. The diagnoses included severe valgus abduction deformity right foot, post traumatic arthritis in the subtalar joint, and an apparent intact tibiotalar joint with a failure of nonoperative treatments including medications, Ritchie bracing, and limitation of activities. The treatment plan included a subtalar fusion, a realignment of the injured worker's foot out of severe valgus

abduction position, and a possible calcaneal lateral column lengthening which would be determined intraoperatively.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT SUBTALAR FUSION AND POSSIBLE EVANS CALCANEAL OSTEOTOMY WITH BIOFORM IMPLANT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG, INDICATIONS FOR SURGERY, ANKLE FUSION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** The ACOEM guidelines indicate that surgery consultations may be appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise program to increase range of motion and strength of the musculature around the ankle, and 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 ACOEM guidelines, however, do not address specifically a fusion. As such, secondary guidelines were sought. The Official Disability Guidelines do not support a subtalar fusion, except in the case of acquired flat foot. The clinical documentation submitted for review indicated the request was for a subtalar fusion. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. This portion of the request would not be supported. The ACOEM guidelines indicate that surgery is an appropriate treatment upon the failure of conservative treatment including wider shoes and/or arch supports. The injured worker failed conservative care. The request for the calcaneal osteotomy would be supported. However, the case in its entirety is not supported. Given the above, the request for right subtalar fusion and possible Evans calcaneal osteotomy with Bioform implant is not medically necessary.

#### **POST-OPERATIVE PHYSICAL THERAPY 2 X 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

#### **ASSISTANT SURGEON: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.