

Case Number:	CM13-0016953		
Date Assigned:	10/11/2013	Date of Injury:	07/16/1998
Decision Date:	01/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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:

This is a 56-year-old female injured on 7/16/98. The clinical records for review include an assessment dated 9/11/13 by [REDACTED] stating increased complaints of low back pain as well as exostosis of the right foot with pain with range of motion. The claimant describes good function with an ankle-foot orthosis that helps reduce, but not eliminate, the discomfort. Physical examination findings at that date showed the right foot to be with tenderness along the lateral aspect with an arthritic exostosis and pain dorsally to the mid-tarsal at the fifth metatarsal region. There is limited range of motion with painful inversion/eversion of the ankle. The working assessment was that of exostosis to the right foot at the base of the fifth metatarsal with a painful bunion. The plan at that time was for surgical intervention in the form of right foot partial exostosis of the bone of the fifth metatarsal with a peroneal tendon repair. Records for review fail to demonstrate recent imaging. There is documentation of prior imaging from clinical records including radiographs that initially showed fracture to the base of the fifth metatarsal. Recent treatment other than the ankle-foot orthosis is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right partial exostosis bone 5th metacarpal tendon repair peroneal w/o osteotomy: 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 and Foot Chapter, Online Version.

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

Decision rationale: California MTUS ACOEM Guidelines state surgical referral is appropriate in cases where there is "Activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, 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". When looking at Official Disability Guidelines criteria, surgical exostosis as well as peroneal tendon repair would only be indicated if failed conservative care and evidence of peroneal rupture was noted on imaging. The claimant's imaging in this case is not available for review to confirm or refute the current working diagnosis. The need for the surgical process at this stage in the claimant's clinical course is not medically necessary absent imaging or documentation of recent treatment.