

Case Number:	CM13-0031293		
Date Assigned:	12/04/2013	Date of Injury:	09/02/2002
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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:

The claimant is a 60-year-old gentleman who was injured in a work related accident on 09/02/02. Clinical records specific to the claimant's right foot and lower extremity include an MRI report from 04/04/13 that showed nonspecific medial and lateral inflammatory changes suggestive of a sprain to the ankle without further extensive documentation of findings. This was for a diagnosis of "right ankle pain". A recent orthopedic consultation of 07/29/13 with [REDACTED] stating the claimant was with diagnosis of right ankle pain ongoing for the past 11 years, constant in nature, which has now failed considerable conservative measures. It states he has recently used an AFO with some relief, has actually used a wheelchair for intermittent use. Physical examination findings showed a varus deformity of the right ankle with normal hindfoot, midfoot, forefoot and toe alignment, a healed prior forefoot scar with primary tenderness over the anterior ankle and dorsum of the forefoot. There is restricted range of motion from 0 to 40 degrees with ankle, dorsi and plantar flexion and restricted inversion and eversion. There was diminished sensation diffusely to the right lower extremity at the level of the ankle with 3/5 motor strength. He indicates recent radiographs performed at that date show severe arthrosis of the NC and first IC joint with mild to moderate arthritis of the second MP joint. Surgical intervention in the form of a right midfoot arthrodesis was recommended with bone grafting. Records do not show specific documentation of treatment over the course of the past 6 to 12 months. The last form of imaging for review was a CT scan report of 08/12/13 that demonstrated a healed fracture of the distal second digit, a fracture deformity of the medial cuneiform and mild degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right mid-foot arthrodesis, tibial bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery, Ankle Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure-Fusion (arthrodesis)

Decision rationale: California ACOEM Guidelines are silent. Looking at Official Disability Guidelines criteria in regards to the role of ankle or foot related fusion procedure, criteria for ankle tarsal or metatarsal fusion indicates that conservative care should be utilized to include casting, bracing, shoe modification and other orthotics, antiinflammatory agents as well as prior injection of Xylocaine or antiinflammatory for pain control. The claimant's conservative care is not well documented with clinical imaging available for review demonstrating mild degenerative arthrosis to the midfoot, but no evidence of malalignment. Furthermore, Official Disability Guidelines criteria regarding fusion procedure does not support the role of intertarsal or subtalar fusion. The specific request for the intratarsal arthrodesis in this case cannot be supported from clinical records for review.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 post-operative shoe: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 cam walker boot: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 roll about walker or crutches: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 post-operative physical therapy sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 general anesthesia: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 x-ray fluoroscan: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 routine pre-operative labs: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.