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| Case Number: | CM13-0039873 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 03/30/2009 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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 Orthopaedic 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 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 patient is a 54-year-old laborer who sustained an industrial injury on March 30, 2009 when he was struck by a tractor, injuring his back, left leg, and right ankle. He sustained a left tibial fracture, left ankle bimalleolar fracture and syndesmosis diastasis, and right ankle posterior malleolar fracture and syndesmosis diastasis. He is status post open reduction and internal fixation of the left leg and both ankles with subsequent hardware removal. The patient reported on-going subtalar joint pain of the left foot, and continued to use the left ankle foot orthosis (AFO) brace. The May 14, 2013 left ankle computed tomography (CT) scan documented healed fractures of the distal tibia and fibula with degenerative disease of the tibiotalar joint with hypertrophic bone formation. A diagnostic injection to the left subtalar joint on May 22, 2013 provided profound relief within 10 minutes and restoration of normal ambulation. A left subtalar joint fusion was recommended. The September 11, 2013 supplemental report indicated that the patient had failed to improve despite physical therapy and custom AFO use. Physical exam documented -10 degrees ankle dorsiflexion, 5 degrees subtalar joint inversion and 3 degrees eversion. The patient has a severe antalgic propulsive gait pattern bilaterally, with extremely shortened mid stance phase. He is unable to heel raise on the left. The provider opined that the pain and disability stems from progressive degenerative arthritis of both the talocrural and subtalar joints bilaterally. The October 10, 2013 utilization review denied the request for subtalar joint fusion based on failure to meet guideline criteria of isolated subtalar joint arthritis. There was evidence of significant tibiotalar joint space narrowing and no description of the talonavicular and calcaneocuboid.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBTALAR JOINT FUSION OF THE LEFT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Ankle & Foot, Fusion (arthrodesis).

Decision rationale: Under consideration is a request for a subtalar joint fusion of the left foot. The Official Disability Guidelines provide indications for ankle fusion that require immobilization or anti-inflammatory medications, pain aggravated by activity or weight bearing and relieved by Xylocaine injection, mal-alignment and decreased range of motion, and positive x-rays findings of arthritis, bone deformity, or non-union or malunion of a fracture. Guidelines do not support subtalar fusion except for stage 3 or 4 adult acquired flatfoot. Guideline criteria have not been met. There is no documentation that the patient presents with stage 3 or 4 adult acquired flatfoot. Additionally, degenerative changes are not limited to the subtalar joint. Therefore, this request for subtalar joint fusion of the left foot is not medically necessary.

PRE-OP MEDICAL CLEARANCE TO INCLUDE LABS, EKG & CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation.

Decision rationale: As the subtalar joint fusion is not medically necessary, the request for pre-op medical clearance to include labs, EKG & chest x-ray is also not necessary.

POST-OP PNEUMATIC WALKING BOOT: 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, Cast (immobilization).

Decision rationale: As the subtalar joint fusion is not medically necessary, the request for pneumatic walking boot is also not necessary.

