

<b>Case Number:</b>	CM14-0180387		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 43 year old male who fell off a ladder and sustained a mildly displaced fracture of the left talus involving the dome and extending into the posterior subtalar joint. The date of injury was 9/27/2013. An MRI scan of December 10, 2013 revealed involvement of the talar neck with marrow edema and cystic changes. The worker continues to complain of pain. The disputed issue pertains to a request for a subtalar fusion of the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subtalar joint fusion, left ankle:** 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) Section: Ankle and Foot, Topic: Ankle Fusion, Subtalar Fusion

**Decision rationale:** California MTUS does not address subtalar fusion. ODG guidelines do not support a subtalar fusion except for stage 3 or 4 adult acquired flatfoot. Based upon guidelines the request for a subtalar fusion is not medically necessary.

**Associated surgical service: pre-operative lab and chest x-ray:** 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) Section: Ankle and Foot, Topic: Ankle Fusion, Subtalar Fusion

**Decision rationale:** The surgery is not medically necessary. Therefore the pre-operative lab and chest x-ray is also not medically necessary.