

Case Number:	CM13-0053176		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2007
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 patient is a 48 year old female who reported an injury on 10/17/2007, secondary to a slip and fall. The patient is diagnosed as status post left lateral retinacular release; status post left foot navicular fracture, left foot plantar fasciitis, status post right knee contusion, lumbar myofascial strain, and gastrointestinal upset. The patient was seen on 05/21/2013. The patient reported severe pain in the left foot. The physical examination revealed 5/5 muscle strength, difficulty with squatting, crouching, toe walking, and toe standing, severe pain along the medial aspect of the foot, slightly diminished range of motion on the left, and intact sensation. The treatment recommendations included transposition of the posterior tibial tendon to restore posterior tibial tendon function with removal of the avulsion fracture of the navicular bone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transposition of the posterior tibial tendon of left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no documentation of an exhaustion of conservative treatment prior to the request for a surgical intervention. There were also no imaging studies submitted for review. Additionally noted, it was documented by [REDACTED] on 10/21/2013, the patient is not interested in pursuing the left ankle surgery regarding transposition of posterior tibial tendon with [REDACTED]. Based on the clinical information received, the request is non-certified.

Surgical assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. There was no documentation of an exhaustion of conservative treatment prior to the request for a surgical intervention. There were also no imaging studies submitted for review. Additionally noted, it was documented by [REDACTED] on 10/21/2013, the patient is not interested in pursuing the left ankle surgery regarding transposition of posterior tibial tendon with [REDACTED]. Based on the clinical information received, the request is non-certified.

Wheelchair standard: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Wheelchair.

Decision rationale: Wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. As the patient's surgical procedure has not been authorized, the current request for a postoperative wheelchair is also not medically necessary. Therefore, the request is non-certified.