

<b>Case Number:</b>	CM13-0053598		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Podiatric Surgery and is licensed to practice in New York. 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 original date of injury is 9-7-2012. The patient describes a fall into a hole and twisting of her ankle. An MRI dated 11-9-2012 reveals anatomic alignment of the left foot and ankle with subtalar degenerative changes, ankle sprain, and osseous contusion. Patient was initially treated with an ankle brace, nsaid, and high topped shoes. As of 11-12-2012 there was no edema, ecchymosis, or ligamentous laxity to the left foot. On 12-5-2012 she was seen by a podiatrist who noted Tender lateral ankle ligaments, moderate residual edema, antalgic gait, tender ROM to rearfoot and midfoot. X-rays taken that day reveal no fractures, no gross subluxations or joint space widening within the mortise. A midtarsal joint sprain was noted, without instability. She was prescribed oral steroids for the pain, and an unna boot was applied. To remain non weight bearing. As of 12-21-2012 the patient was getting better, with some pain to the tarso metatarsal joint. By 1-7-2013 she was still getting better, and she was asked to remain casted and non weight bearing. By the end of January she was still improving with non weight bearing, and her diagnosis remains tarsometatarsal strain/sprain. On 2-5-2013 she was transitioned to partial weight bearing in a boot. She was also given a steroid injection to the sinus tarsi. As of 3-21-2013 the patient is still having pain to the tarsometatarsal joint left foot, however there is no ecchymosis or edema. X-rays taken that day did not reveal any subluxations. Tarsometatarsal joint arthrodesis was discussed as an option this day, and a local steroid injection to the area was initiated. On 4-11-2013 it was noted that the patient was still having left midfoot pain, and an arthrodesis was recommended to the tarsometatarsal joint left. In May of 2013 she underwent more local steroid injections without resolution of left foot pain. On 7-25-2013 she was again noted to have continued pain to the left foot, and the above surgical correction to the left foot was recommended as conservative care has been exhausted. A CT scan dated 8-9-2013 reveals no obvious fractures to the left foot, dislocations to the left foot. On 8-26-2013 the patient saw

her podiatrist who reviewed the CT, noted to be normal. He notes a complex LisFranc's injury left foot, and recommends arthrodesis of the 1,2,3 met cuneiform joints, with ligamentoplasty of the met cuneiform joints. Pain continues to the left foot as of 10-7-2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Surgery, 1-3 tarsal metatarsal joint arthrodesis with a fourth and fifth tarsal metatarsal joint ligamentus reconstruction using extensor tendon graft between 10/7/13 and 12/20/13:**  
Upheld

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

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

**Decision rationale:** After careful review of the enclosed information and the MTUS medical necessity criteria, it is my feeling that the decision for surgery, 1-3 tarsal metatarsal joint arthrodesis with a fourth and fifth tarsal metatarsal joint ligamentus reconstruction using extensor tendon graft between 10/7/13 and 12/20/13 is not medically necessary.