

Case Number:	CM13-0061690		
Date Assigned:	06/09/2014	Date of Injury:	08/05/2013
Decision Date:	08/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 52-year-old male who reported injury on 08/05/2013. Prior treatments included injections and orthotics. The mechanism of injury was the injured worker stepped on a door guide and injured his right ankle. The documentation of 11/14/2013 revealed the injured worker continued to have right heel pain. There was tenderness to palpation at the base of the 4th metatarsal. The diagnoses included localized primary osteoarthritis of the right foot spurring at the 2nd tarsal metatarsal joint, localized osteoarthritis of the ankle/foot on the right side, and bone spur in the anterior tibia. An additional diagnosis was compression arthralgia of the ankle and foot on the right side. X-rays of the right ankle were within normal limits with the exception of exostosis on the anterior tibia and a small ectopic bone over the dorsal talus. In the midfoot over the navicular area there was a bone spur that did not correlate with the tarsal metatarsal joint. X-rays of the right foot were performed and were within normal limits. The treatment plan included an injection of dexamethasone and a discussion for a possible surgical intervention. The documentation indicated the injection of 11/14/2013 was not helpful and the injured worker would prefer surgery. This request was previously denied due to a lack of a trial of injection and failure of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR TIBIA AND TALUS EXOSTECTOMY OF THE RIGHT FOOT (28120, 27640): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitations for more than 1 month without signs of functional improvement, failure of an exercise program, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. They do not specifically address exostosis excision. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that exostosis excision is recommended for painful hallux valgus. While this treatment is recommended for hallux valgus and there was a lack of documentation indicating the injured worker had hallux valgus, the injured worker continued to have pain, injections had failed, and the injured worker had findings upon x-ray which included a small ectopic bone over the dorsal talus and exostosis of the anterior tibia. Additionally, there was in the mid foot over the navicular area a bone spur that did not correlate with the tarsal metatarsal joint. This type of findings would typically not respond to conservative management with the exception of pain relief through injections. There are exceptional factors to warrant non-adherence to the guidelines. Given the above, the request for anterior tibia and talus exostectomy of the right foot is medically necessary.