

Case Number:	CM13-0069336		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2013
Decision Date:	05/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 Texas. 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 44-year-old male who reported an injury on 08/15/2013 after a piece of metal fell on his left foot. The injured worker underwent an MRI of the left foot on 09/06/2013 that documented that there were linear fractures at the base of the 2nd, 3rd and 4th metatarsals with underlying bone marrow edema. The injured worker's treatment history included immobilization with assisted ambulation in 09/2013. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had an x-ray that showed apparent healing of the fractures. The injured worker was transitioned into regular shoes and ambulation. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had continued pain complaints of the left foot that interfered with his ability to ambulate, and he continued to use crutches to assist with ambulation. Physical findings included tenderness to palpation at the base of the 2nd, 3rd and 4th metatarsals and plantar aspect of the tarsometatarsal joints as well as sharp pain with the peroneus longus. It was documented that radiographic studies did not provide any changes from the last x-rays and that the metatarsal base fractures appeared to be healed. The injured worker's diagnoses included status post fracture of the base of the metatarsals in the 2nd, 3rd and 4th left foot with possible peroneus injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT FOOR TARSOMETATARSAL ARTHRODESIS OF THE SECOND, THIRD, AND FOURTH METATARSOCUNEIFORM JOINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), pages 374 - 375.

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 Chapter, Fusion (Arthrodesis).

Decision rationale: The requested 1 left foot tarsometatarsal arthrodesis of the 2nd, 3rd and 4th metatarsocuneiform joints is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend fusion of this joint due to malunion or nonunion fractures or in instances of post-traumatic arthritis. The clinical documentation submitted for review does indicate that the injured worker had previous fractures of the 2nd, 3rd and 4th metatarsal joints. However, x-rays confirming loss of articular cartilage or bone deformity were not provided. Additionally, there was no supporting imaging of a bone scan to confirm the localization of arthritis. Therefore, 1 left foot tarsometatarsal arthrodesis of the 2nd, 3rd and 4th metatarsal cuneiform joints is not medically necessary or appropriate.