

Case Number:	CM14-0000392		
Date Assigned:	01/10/2014	Date of Injury:	01/24/2013
Decision Date:	04/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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:

This 45-year-old male construction laborer sustained a closed fracture of the 2nd, 3rd, and 4th metatarsals on 1/24/13 when he stepped into an uncovered hole in the floor. The 1/24/13 left ankle x-ray documented a mildly displaced fracture through the base of the 2nd, 3rd, and 4th metatarsals, mild joint space narrowing of the medial aspect of the ankle joint, and mild talonavicular degenerative joint disease. Physical therapy was provided for 10 sessions as of 5/10/13. The physical therapist documented intermittent grade 7/10 pain and left foot tightness. Left ankle range of motion was documented as 15 degrees dorsiflexion, 20 degrees plantar flexion, and 3-5 degrees of inversion/eversion. The 7/11/13 left foot x-rays demonstrated healing fractures of the metatarsals in anatomic alignment, severe diffuse heterogeneous osteopenia of the entire left foot secondary to immobilization or reflex sympathetic dystrophy. The 9/5/13 left ankle MRI showed the major ankle tendons and ligaments were intact. Mild focal chondral thinning/erosion was noted involving the medial talar dome, without associated underlying subchondral bone marrow edema, bony reactive change, or significant osteophytosis. The 9/13/13 podiatrist report indicated that there was some type of coalition at the medial facet of the subtalar joint that was in line with his talar bossing and peroneal spasms. This finding was not noted on the MRI. The podiatrist recommended a triple arthrodesis with possible Achilles tendon lengthening. The patient was currently smoking 1½ packs of cigarettes per day which was deemed unacceptable. He would need to be non-smoking for at least 2 months and abstain for 4 additional months after the procedure. The 10/11/13 podiatry report cited continued left hind foot pain that is increased with activity and decreased with rest. Skin tone, temperature and turgor were good with no vascular perfusion issues or edema. There were no signs of complex regional pain syndrome. Left foot sensation was intact with no hypersensitivity. The hind foot Final Determination Letter for IMR Case Number [REDACTED] was rigid with pain to palpation

over the talonavicular joint. The patient had not quit smoking. The 12/6/13 report cited continued left hindfoot pain with equinus presentation and inability to place the foot in a correct position.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIPLE ARTHRODESIS OF THE LEFT FOOT AND GASTROCNEMIUS RECESSIO VS. TENDO-ACHILLES LENGTHENING TO BE SCHEDULED AS OUTPATIENT PROCEDURES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Fusion (Arthrodesis)

Decision rationale: The request under consideration is for triple arthrodesis of the left foot, and gastrocnemius recession vs. tendo-Achilles lengthening to be scheduled as an outpatient procedure. The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines recommend arthrodesis to treat non-union or malunion of a fracture or traumatic arthritis secondary to an industrial injury to the affected joint. Guideline criteria have not been met. Indications for ankle arthrodesis include conservative treatment or anti-inflammatory medications; plus pain aggravated by activity and weight bearing and relieved by injection; plus clinical findings of malalignment and decreased range of motion; plus imaging clinical findings of arthritis on MRI. Guideline criteria have not been met. The patient has continued left hindfoot pain with equinus presentation as of 12/6/13. There is no documentation that recent comprehensive non-operative treatment has been ordered to specifically address the painful condition. There are no imaging findings demonstrating severe loss of articular cartilage, bone deformity, non-union or malunion. Therefore, this request for triple arthrodesis of the left foot, and gastrocnemius recession vs. tendo-Achilles lengthening is not medically necessary.