

Case Number:	CM14-0001612		
Date Assigned:	01/22/2014	Date of Injury:	01/18/2013
Decision Date:	06/06/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/06/2014

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 claimant is a 67-year-old, female who sustained a fracture of the fifth metatarsal in a work related accident on 01/18/13. The clinical records provided for review included a report of an MRI of the right foot dated 10/09/13 that showed effusion from the first through the fourth MTP joints, but no indication of fracture. A 01/08/14 follow up report noted continued complaints of pain in the foot that had gotten significantly worse. The physical examination showed full strength of the ankle, painful weight bearing and tenderness to palpation of the foot. The claimant was diagnosed with a fifth metatarsal nonunion. Surgery was recommended for open reduction internal fixation and postoperative use of a bone growth stimulator. There is documentation that initial plain film radiographs showed a fifth metatarsal shaft fracture, but there was no documentation of any recent imaging identifying nonunion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN REDUCTION/INTERNAL FIXATION OF THE FIFTH METATARSAL NONUNION WITH CLEAR INDICATIONS OF ARTHROSCOPE OF THE RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: While this individual is noted to have had an initial shaft fracture, the report of a recent MRI scan fails to demonstrate any evidence of continued fracture. There is no documentation of imaging reports that identify nonunion. The absence of clinical imaging findings of a nonunion would fail to support the need of operative intervention as requested. As such, the request is not medically necessary and appropriate.