

Case Number:	CM14-0003489		
Date Assigned:	01/31/2014	Date of Injury:	07/01/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Arizona. 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 36-year-old male who sustained a left foot crush injury on 7/1/13 after his foot got caught between a forklift and a pallet. The injured worker underwent an x-ray on 7/1/13 that documented there was no acute osseous abnormality and no evidence of acute fracture or malalignment. The injured worker was conservatively treated with physical therapy and anti-inflammatory medications. The injured worker had persistent pain complaints of the left ankle. Physical findings included pain of the anterior and lateral joint lines with restricted range of motion described as 10 degrees of dorsiflexion with pain and 20 degrees of plantarflexion with pain. It was noted within the documentation that the injured worker had undergone an MRI that noted there was a fracture of the anterior process of the calcaneus. The injured worker's treatment plan at that appointment included a rigorous rehabilitation program and anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EXCISION OF NON-UNION OF ANTERIOR CALCANEUS: Upheld

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): 345-347.

Decision rationale: The ACOEM recommends surgical interventions for the ankle and foot when there is documentation of functional deficits supported by an imaging study that have been recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints. However, it is noted in the most recent clinical documentation submitted for review that the injured worker was participating in a vigorous rehabilitation program. The efficacy of that program was not provided for review. Additionally, although it is noted within the documentation that the patient underwent an MRI, an official reading of that MRI was not provided for review. Therefore, the appropriateness of surgery cannot be determined at this time. As such, the request is not medically necessary.