

Case Number:	CM14-0011092		
Date Assigned:	02/21/2014	Date of Injury:	05/30/2013
Decision Date:	07/28/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Surgeon 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 35-year-old male who reported an injury on 05/30/2013. The diagnosis was right foot sesamoid fracture. The specific mechanism of injury was not provided. The injured worker underwent an MRI of the right foot without contrast on 11/11/2013, which revealed the injured worker had a bipartite medial sesamoid associated with a mildly intense edema signal. There was no evidence of fracture. There was mild edema of the underlying plantar and subcutaneous tissues. The lateral sesamoid was normal. There was no evidence of capsuloligamentous or plantar plate injury of the first MTP joint. The first metatarsal head had a normal appearance. There was no evidence of a neuroma. The physician's documentation of 12/18/2013 revealed the injured worker had pain and tenderness at the sesamoid. The injured worker received an injection previously and the pain was not as intense at the end of the day. The treatment plan included a second cortisone injection and a request for approval for surgery and preop clearance for removal of the sesamoid. The diagnosis was sesamoid fracture right foot. The injured worker complained of a pain level by the end of the day or mornings increasing to 6/10 to 7/10. The documentation of 01/14/2014 revealed the injured worker was still tender at the fibula sesamoid and the injection had helped for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision right sesamoid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cohen BE. Hallux sesamoid disorders. Foot Ankle Clin. 2009 Mar;14(1):91-104.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.wheelsonline.com/ortho/sesamoid_fractures.

Decision rationale: Per Wheelsonline.com, the excision for sesamoid fractures is appropriate when symptoms have persisted for more than 6 months after a sesamoid fracture and caused functional disability. The most accepted form of treatment is total excision of the offending sesamoid. The initial treatment includes rocker sole walkers, and immobilization for 6 weeks. The clinical documentation submitted for review failed to provide documentation of initial conservative treatment and this request was previously denied as there was no documentation of conservative care. The sesamoid bones have limited blood supply and they are difficult to heal and the lack of treatment may lead to avascular necrosis. The clinical documentation submitted for review indicated the injured worker had an injury on 05/30/2013. While it was indicated that there was a lack of documentation of conservative care, the injured worker had persistent pain post 6 months and it was documented the injured worker had difficulty walking. Given the above, the request for an excision of the right sesamoid is medically necessary.

Pre-op clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review supported the necessity for surgery. As such, the request for preoperative clearance is appropriate. Given the above, the request for preoperative clearance is found to be medically necessary.