

Case Number:	CM14-0012065		
Date Assigned:	02/21/2014	Date of Injury:	10/11/2013
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation 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:

This is a 43-year-old male with a 10/11/13 date of injury. He was employed by [REDACTED] when he was standing at a desk and felt a "pop" in his right foot. The initial radiographs did not show a fracture. Radiographs in October 2013 revealed a well-rounded calcification. A CT scan on 12/11/13 revealed an irregularity at the posterior facet of the subtalar joint consistent with an old healed lateral talus process fracture. There was also evidence of osteoarthritis of the subtalar joint and stress reaction. A MRI on 11/27/13 revealed a lateral talar process fracture. Radiographs of the foot on 11/27/13 were normal. The deformity of the posterior subtalar joint was felt to be likely congenital with degenerative changes. An orthopedic note dated 1/22/14 noted the patient has pain along the right posterior heel, and it radiates along his calf. He had approximately 50-60% improvement of his pain after a cortisone injection. Treatment to date: immobilization, elevation, medication management, cortisone injection. A UR decision dated 1/23/14 denied the request for talus lateral process fracture excision of the right foot based on the fact that a fracture of the lateral talar process does not seem to be confirmed. The subtalar joint is already degenerated, so any procedure to prevent degeneration would appear to be offered years too late. Regarding the request for crutches, this was denied since the surgical request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TALUS LATERAL PROCESS FRACTURE EXCISION OF THE RIGHT FOOT
CRUTCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.23.7. Decision based on Non-MTUS Citation (ODG) Knee Chapter: Crutches, Other Medical Treatment Guideline or Medical Evidence:
http://www.wheelsonline.com/ortho/fractures_of_posterior_process_of_talus: Fractures of Posterior Process of Talus

Decision rationale: MTUS states that surgical consultation/intervention may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. According to Wheelless Online, non-unions of fractures of the posterior process of the talus are uncommon, and patients will present with persistent pain, especially with extreme plantar flexion and limitation of subtalar motion. However, there is no clear evidence of non-union of the fracture fragment. He is not documented to have pain with extreme plantar flexion or findings consistent with nonunion. He recently had 50 to 60% improvement of his symptoms with a cortisone injection. He is already noted to have degenerative disease, and it unclear what a surgical procedure would add at this point. It is also not clearly documented whether he has been participating in physical therapy and has failed conservative management prior to proceeding to a surgical procedure. Regarding crutches, since the surgical procedure is not medically necessary, crutches post-operatively are also not medically necessary. This request, as submitted, are not medically necessary.