MAXIMUS Federal Services

Case Number:	CM14-0014786		
Date Assigned:	02/28/2014	Date of Injury:	03/21/2013
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 injured worker is a 52-year-old male who reported an injury on 03/21/2013. The mechanism of injury was not provided. Previous therapies included the use of a boot. The injured worker underwent an MRI on 09/12/2013, which revealed a contusion of the talus and calcaneus. There was a contusion versus reactive change of the distal fibula. There was an osteochondral injury of the medial margin of the talar dome with suspected synovitis of the talocrural joint. The injured worker underwent an x-ray on 12/18/2013, which revealed no bony abnormalities of either the ankle or the foot. The physical examination revealed the injured worker had mild tenderness along the first metatarsal. The ankle had supple motion with no effusion. The injured worker had anterior joint line tenderness. The injured worker described some abnormal sensation on the dorsum of the foot. The diagnoses included history of contusion on the right foot with ongoing ankle pain and evidence of osteochondral injury. The treatment plan included weaning the injured worker from a boot. The physician opined as long as the injured worker did not have ankle swelling, the injured worker would not require surgical intervention. The surgeon opined that the injured worker would require arthroscopic evaluation and excision of a loose osteochondral injury within the ankle if the injured worker was still having symptoms. The documentation of 12/23/2013 revealed the injured worker had mild diffuse swelling in the forefoot with no instability. There was very little discomfort on stressing the forefoot and the injured worker had intact motor and sensory function. Pulses were 1+. The physician reviewed the MRI and indicated the injured worker has a posterior medial dome osteochondritis dissecans lesion. The treatment plan included an arthroscopic debridement of the ankle and excision of the osteochondral defect. The documentation of 01/08/2014 revealed the injured worker had right foot ankle pain and tenderness with a limping gait. The injured worker indicated that he had frequency pain with swelling and burning sensation into the right ankle. Cold weather and

prolonged activities increased pain. The diagnoses included contusion versus occult fracture of right foot and GI pain with GERD. The treatment plan included surgery and a refill of tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FOOT SURGERY: 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): 374-375.

Decision rationale: The ACOEM guidelines indicate that surgical consultations are appropriate for injured workers who have activity limitation for more than 1 month without signs of functional improvement, a failure of an exercise program 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. The clinical documentation submitted for review indicated the injured worker had activity limitations. There was clear, clinical and imaging evidence of a lesion in the ankle. The request should have been submitted for ankle surgery and as it was submitted, the request was for right foot surgery. Therefore, the requested foot surgery cannot be approved as submitted. Given the above, the request for right foot surgery is not medically necessary.