

Case Number:	CM14-0134857		
Date Assigned:	08/29/2014	Date of Injury:	08/25/2004
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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:

A 43 year old female claimant with an industrial injury dated 08/25/04. The patient is status post a left foot talonavicular arthrodesis as of 2012. Exam note 06/24/14 states the patient returns with left foot and ankle pain in which she rates as a 8/10. In the physical exam the patient demonstrated a painful ankle range of motion, as well as a restricted and painful subtalar joint range of motion. The talonavicular joint exhibited no motion and the area is tender to palpation. In addition, there is increased tenderness to the calcaneocuboid joint where tenderness is prominent with manipulated range of motion. The gait is moderately antalgic, and the heel strike does not proceed through normal pronatory motion through the gait cycle. It is noted that the patient is experiencing advanced degenerative changes, and is recommended to proceed with surgical intervention. Treatment includes a left foot subtalar joint arthrodesis, calcaneal cuboid joint arthrodesis, navicular cuneiform exostectomy, and painful hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Subtalar Joint Arthrodesis, Calcaneal Cuboid Joint Arthrodesis, Navicular Cuneiform Exostectomy And Painful Hardware Removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle Chapter- Ankle Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, fusion.

Decision rationale: CA MTUS/ACOEM is silent on the issue of triple arthrodesis of the left foot. According to the ODG, Ankle section, fusion, criteria includes conservative care including casting, bracing and shoe modifications. In addition, pain must be present with weight bearing and relieved with Xylocaine injection. There must be malalignment and decreased range of motion with positive radiographic confirmation of loss of articular surface or bony deformity. Supportive imaging can include bone scan, MRI or CT. In this case there is insufficient evidence of failure of conservative management from the notes from 6/24/14. There is no evidence of intra-articular injection for diagnostic purposes. Therefore the request is not medically necessary.

Pre-Operative Clearance To Include EKG And Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Chiropractic Rehabilitative Therapy To The Left Foot 24 Visits Over 10 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Follow-Up Visit In 8 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary and appropriate.