

Case Number:	CM14-0168961		
Date Assigned:	10/17/2014	Date of Injury:	01/16/2006
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopaedic 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:

This 46-year-old male sustained an industrial injury on 1/16/06. Injury to the left foot occurred when he fell approximately 5 feet. Past surgical history was positive for left subtalar joint arthrodesis. The 7/14/14 treating physician report indicated left hindfoot pain was getting worse. The patient was using an ankle sleeve and taking Tylenol. Range of motion testing documented dorsiflexion 15 degrees, plantar flexion 45 degrees, and 0 degrees of eversion and inversion. There was mild swelling and mild tenderness along the posterior tibial tendon and the subtalar area. The diagnosis included left posterior tibial tendonitis. The treatment plan included ankle brace, Voltaren gel, initiation of a home exercise program, CT scan to rule-out subtalar non-union, and corticosteroid injection to the subtalar area. The patient was released to full duty. The 8/19/14 left ankle CT scan documented prior trauma with two screws traversing the talus and calcaneus with perhaps evidence of old trauma to the talar neck. There was mild fusion to the calcaneal facets about the area of the screw insertion with mild spurring about the inferior anterior calcaneus. There was mild degenerative talonavicular change with no evidence of bone loss. Finding documented the talonavicular, navicular, cuboid, calcaneocuboid and cuneiforms appeared unremarkable. The 9/3/14 treating physician report cited grade 6/10 left hindfoot pain and swelling. The subtalar injection helped for a day. He was using Voltaren gel. Physical exam documented hindfoot tenderness and mild swelling. X-rays showed left subtalar and talonavicular joint degenerative arthritis and sclerosis. The diagnosis was left calcaneocuboid joint arthritis and early left talonavicular degenerative arthritis. The treatment plan recommended Voltaren gel and left calcaneocuboid joint arthrodesis with possible iliac bone graft. The patient was released to full duty. The 9/16/14 utilization review denied the request for left calcaneocuboid arthrodesis as clinical evidence did not meet guideline criteria relative to heel position, range of motion, gait, strength, stiffness, balance and joint accessory motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Left calcaneocuboid joint arthrodesis with possible iliac crest bone graft: Upheld

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

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

Decision rationale: The California MTUS do not provide recommendations relative to ankle arthrodesis. The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affect joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Guideline criteria have not been met. There is no indication that injection to the calcaneocuboid joint was performed. There are no current exam findings of malalignment and decreased range of motion relative to the calcaneocuboid joint. Imaging findings do not evidence calcaneocuboid arthritis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.