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| Case Number: | CM14-0173418 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 12/31/2013 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 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 39 year old male with a date of injury on 12/31/2013. He was employed as a fire fighter and reported an onset of left foot pain using a stair climber during a physical fitness program. The 1/3/14 left foot x-rays revealed a small plantar calcaneal spur, and otherwise normal study. The 2/11/14 orthopedic consult report cited grade 3/10 left foot pain at rest that could increase to grade 4-5/10 depending on activity, and occasional swelling. The injured worker remained at full duty status and had not missed any work. There was no impairment in activities of daily living documented. The diagnosis was left foot pain; rule-out a second interspace neuroma versus a second metatarsophalangeal (MTP) synovitis. A magnetic resonance imaging (MRI) was ordered and orthotics were recommended. The 2/24/14 left foot magnetic resonance imaging (MRI) impression revealed minimal signal intensity on the plantar aspect of the second metatarsal head without mass effect. This was noted as probably vascular flow, although it could be a small amount of soft tissue edema. There was no other abnormality or soft tissue mass suggestive of a neuroma. The 4/11/14 progress report noted no change in pain and continued full duty work. A corticosteroid injection was provided in the metatarsophalangeal (MTP) joint and Mobic was prescribed. The 7/29/14 treating physician report indicated the injured worker had one month of pain relief with the 4/11/14 injection, then pain recurred. He found the orthotics were helpful in providing support and relieving some of his pain. He was not taking anti-inflammatory medications as he was concerned about the side effects. A physical exam documented pain on the 2nd metatarsophalangeal (MTP) joint, negative Lachman test, and pain with forced dorsiflexion and plantar flexion of the 2nd metatarsophalangeal (MTP) joint. He was walking without a limp and demonstrated full ankle range of motion and strength. There was no pain in the 2nd or 3rd interspaces, or in the 3rd metatarsophalangeal (MTP) joint. The injured worker remained at full duty status. Voltaren gel was prescribed. The treating physician

submitted a request on 9/10/14 for operative arthroscopy, extensive debridement, and synovectomy of the 2nd metatarsophalangeal (MTP) joint of the left foot with post-op physical therapy and assistant surgeon. The 9/17/14 utilization review denied the request for left foot surgery as it was unclear if the injured worker had exhausted all possible non-operative treatment, significant functional limitations were not outlined, and magnetic resonance imaging (MRI) findings were limited. The 9/18/14 treating physician report cited worsened left 2nd metatarsophalangeal (MTP) joint pain. Physical exam documented marked pain in the 2nd metatarsophalangeal (MTPs) joint, negative drawer test, pain with forced flexion, dorsiflexion, and plantar flexion, and swelling in the joint. There was no pain in the neuroma in the interspaces. The treatment plan recommended arthroscopic debridement and possible synovial biopsy. Current work status was full duty without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative Arthroscopy, Extensive Debridement, Synovectomy Second Metatarsophalangeal Joint of The Left Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Arthroscopy

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require 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 Official Disability Guidelines state there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis. Guideline criteria have not been met. There is no documentation of significant functional impairment in work or activities of daily living. The treating physician has reported benefit to orthotic use and has not documented response to anti-inflammatory medications prescribed. Positive short term benefit was noted with corticosteroid injection. Detailed evidence of a reasonable comprehensive pharmacological and non-pharmacological trial and failure has not been documented. There is limited imaging evidence to support surgical intervention. Therefore, this request is not medically necessary.

8 Post-Operative Physical 2 Times A Week for 4 Weeks on The Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

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

Assistant Surgeon: Upheld

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 Centers for Medicare and Medicaid services, Physician Fee Schedule

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