MAXIMUS Federal Services

Case Number:	CM14-0173472		
Date Assigned:	10/24/2014	Date of Injury:	02/08/2005
Decision Date:	12/17/2014	UR Denial Date:	09/29/2014
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 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 58-year-old male sustained an industrial injury on 2/6/05. The mechanism of injury was not documented. Past surgical history included: left gastrocnemius resection, fibular fracture excision, subtalar joint arthroereisis, and 1st metatarsal cuneiform fusion with allograft and cheilectomy on 7/19/05; left foot hardware removal with ostectomy on 2/10/06; non-specified left foot surgery on 5/29/07; and left foot removal of instrumentation on 7/10/08. Records documented a complex history of low back and lower extremity complaints managed by multiple providers, and a diagnosis of left foot reflex sympathetic dystrophy. Pain management included sympathetic blocks and epidural steroid injections. Oral medications have included Cymbalta, Brintellix, Tramadol ER, Klonopin, Trazodone, and Lidoderm. The 8/7/14 orthopedic report cited bilateral foot and ankle, and left knee pain. He was using left ankle and left knee braces. The patient walked with a cane. Left foot and ankle exam documented marked callous formation on the plantar aspect of the metatarsophalangeal joint and diffuse palpable tenderness. Range of motion documented dorsiflexion 5 degrees and plantar flexion 10 degrees. Authorization was reported pending for a post-operative electric mobility scooter prior to the patient having a left foot/ankle triple arthrodesis, ankle arthroscopic debridement and microfracture, and distal forefoot mass excision as recommended by the foot and ankle specialist. The 9/16/14 anesthesiology/algology report cited left ankle, knee and hip pain, right ankle and knee pain, and bilateral lower back pain with radicular leg pain. All pain above the ankle to the lumbar spine was opined as a direct result of the ankle injury. Left axilla and chest wall pain was reported due to crutch use. The patient needed a motorized mobility device as crutches are not an option. The treating physician reported a diagnosis of left foot reflex sympathetic dystrophy that responded to sympathetic block. The patient used a rigid ankle brace. Weight was 296 pounds. Functional levels were reported dropping and the patient needed home health care 6 hours a day. Surgical

intervention had been recommended by the orthopedic surgeon for the left foot. The 9/29/14 utilization review denied the request for left foot surgery as there was no documentation of relevant physical exam findings, imaging findings, specifics of forefoot mass, history of injury, prior surgical intervention, or conservative treatment consistent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate Surgical Service: Left foot arthrodesis ankle arthroscopic debridement and microfracture: 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 & foot, fusion, Indications for Surgery--Ankle Fusion

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, Fusion (arthrodesis)

Decision rationale: The 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 (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. Imaging findings are not documented in the reviewed records. There is no documentation of a diagnostic injection test or objective findings of malalignment. Evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the absence of information to fulfill guideline criteria, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.

Associate Surgical Service: Distal Forefoot Mass Excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http;//www.wheelessonline.com/ortho/fibromatosis

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) Foot and Ankle, Fusion (arthrodesis)

Decision rationale: The 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 (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. Imaging findings are not documented in the reviewed records. There is no documentation of a diagnostic injection test or objective findings of malalignment. Evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There was no description or clinical evidence relative to the distal forefoot mass. Given the absence of information to fulfill guideline criteria, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.