

Case Number:	CM14-0023187		
Date Assigned:	05/14/2014	Date of Injury:	02/12/2008
Decision Date:	09/26/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This 53-year-old female caregiver sustained an industrial injury on 2/12/08. Injury occurred when she tripped and fell, fracturing her right femur. She underwent open reduction and internal fixation of the right femur fracture. Past medical history was positive for polio and chronic right leg wasting. The patient was also diagnosed with L4/5 and L5/S1 disc protrusion with left L4 radicular pain and weakness. Records indicated that the primary pain complaints involved her back and left knee. The 1/6/14 podiatry report cited continued pain over the lateral aspect of the dorsal and plantar forefoot. Pain was aggravated with activity and relieved with rest. Right lower extremity exam documented tenderness to palpation over the tarsometatarsal joints and subtalar joint. Physical exam demonstrated a semi-reducible equinovarus deformity of the right foot, significant calf atrophy, and 4-/5 anterior tibial and peroneal strength. Radiographs demonstrated no fractures or dislocations, degenerative changes about the midfoot, and a cavus type foot. The equinovarus deformity was becoming more fixed with time and certainly aggravating her gait and probably her back injury. A triple arthrodesis was recommended with Achilles tendon lengthening and gastrocnemius resection. The 2/14/14 utilization review denied the request for right foot surgery as the clinical information did not establish medical necessity for this procedure consistent with guidelines. The 2/24/14 podiatry letter stated that the patient had a semi-reducible equinovarus deformity that was altering her gait issues in the lower extremity and more likely than not influencing her lumbosacral neuritis and disc displacement. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right foot triple Arthrodesis and Achilles Tendon Lengthening: 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 Official Disability Guidelines (ODG) Ankle and Foot, Fusion.

Decision rationale: The California MTUS do not provide specific surgical guidance for triple arthrodesis or Achilles tendon lengthening. 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. The ODG do not support intertarsal or subtalar fusion except for stage 3 or 4 adult acquired flatfoot. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There was no evidence that pain was relieved with an injection. Therefore, this request is not medically necessary.

(8) Post operative Physical Therapy sessions to the right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

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