

Case Number:	CM14-0025558		
Date Assigned:	06/20/2014	Date of Injury:	05/04/2013
Decision Date:	07/29/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The injured worker is a 50-year-old male who reported an injury on 05/04/2013. The mechanism of injury involved a fall. The current diagnoses include loose body of the ankle and foot and metatarsal fracture. The latest physician progress reported submitted for this review is documented on 01/29/2014. The injured worker presented with complaints of right foot pain and swelling. Previous conservative treatment includes activity modification, medication management, and physical therapy. Physical examination revealed tenderness to palpation, limited range of motion, intact sensation, and 5/5 motor strength. Treatment recommendations at that time included consideration for a surgical ankle arthroscopy. The injured worker underwent a CT of the right foot on 10/07/2013, which indicated a nondisplaced stellate and/or oblique fracture at the base of the second, third, and fourth metatarsals, a small cortical avulsion of the labral plantar medial cuneiform, and moderate demineralization of the remainder of the bones of the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle arthroscopy, removal of loose body and debridement of osteophyte: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. The injured worker's CT scan of the right foot does demonstrate posterior ankle loose bodies. However, the injured worker presents with anterior right ankle and midfoot pain. The injured worker is noted to have suffered second, third, and fourth metatarsal fractures. There is no documentation of a significant functional deficit related to the ankle. It is unclear if the removal of loose bodies refers to the fractured anterior tibial osteophyte or the posterior ankle loose bodies. As the medical necessity has not been established, the current request is not medically appropriate. As such, the request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Cam Walker Boot, Roll About Walker or crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and Leg Chapter.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Physical Therapy # 12: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

