

Case Number:	CM14-0032093		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2013
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 37-year-old male warehouseman sustained an industrial injury on October 5, 2013 when he caught his left foot between two forklifts. The October 11, 2013 and November 1, 2013 left ankle x-rays were reported as normal with no evidence of fracture. The November 19, 2013 left ankle MRI impression documented findings suggestive of muscle and soft tissue strain or contusion, scarring of the medial and lateral ankle ligament complexes, small ankle and subtalar joint fluid or effusions with possible synovitis, and no focal osteochondral defect of the talar dome. There was distal Achilles tendinosis with osseous ridging and possible small ossicles and slight bone increased signal at the calcaneal attachment, which may be stress-related change and edema and/or contusion and possible heterotopic ossification. The November 19, 2013 left knee MRI impression documented mild chondromalacia of the anterior and medial compartments with moderate patellar tendinosis, most pronounced proximally. The January 13, 2014 progress report indicated the patient had attended one physical therapy session. Subjective complaints included left posterior knee pain and locking with prolonged standing or walking. An injection of the left subtalar joint was performed. The February 24, 2014 treating physician report cited significant throbbing pain throughout the left knee and hamstring following a left subtalar joint injection that lasted approximately 2 hours. Pain has limited walking to less than 3 blocks at a time, with cumulative standing/walking limited to 6 hours per shift. Physical exam findings documented height 5'8", weight 250 pounds, antalgic gait, decreased hamstring strength due to pain, medial McMurray's sign produced posteromedial hamstring pain, and normal left knee range of motion. Left ankle range of motion was 5 degrees extension, 45 degrees flexion, 10 degrees inversion, and 5 degrees eversion. The diagnosis was left knee medial hamstring strain and left hindfoot contusion with subtalar joint sprain. The patient had recently been diagnosed with diabetes mellitus. The treating physician noted significant left subtalar pain and stiffness post injury,

marked pain with subtalar manual stress, and associated limited subtalar joint motion. The treatment plan recommended subtalar arthrodesis. The March 5, 2014 utilization review denied the request for left subtalar arthrodesis based on an absence of radiographic or imaging evidence of articular cartilage damage and no indication that conservative care had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SUBTALAR ARTHRODESIS: 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 & Foot, Fusion.

Decision rationale: Under consideration is a request for left subtalar arthrodesis. The California MTUS Guidelines are silent regarding subtalar joint fusion. The Official Disability Guidelines state that subtalar fusion is not recommended. Regarding ankle fusion, the Official Disability Guidelines require imaging findings confirming the loss of articular cartilage (arthritis), bone deformity (hypertrophic spurring, sclerosis), or non-union/malunion of a fracture. Guideline criteria have not been met. There is no imaging evidence to support the request for a fusion procedure. Subtalar joint fusions are not supported by the guidelines. There is no documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for a left subtalar arthrodesis is not medically necessary.

POST-OP PHYSICAL THERAPY (UNKNOWN FREQUENCY AND DURATION): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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