

Case Number:	CM14-0041912		
Date Assigned:	07/02/2014	Date of Injury:	06/02/2008
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient was originally injured at work on 6/2/2008. Unfortunately he was noted to fall off a ladder. Patient, amongst other ailments, sustained a right foot and ankle fracture. On 3/12/2014 this patient was evaluated by a physician in noted to have right foot and ankle pain. The pain was noted at 8/10 patient was walking with a limp. Pain was noted to the first MPJ right side, right bunion, and sinus tarsi right side. Physical exam revealed tenderness to the first MPJ and subtalar joint right side. Patient was noted to have hyper anesthesia and burning to the right foot, with a positive Tinel's sign to the peroneal and posterior tibial nerves. X-rays taken reveal osteochondral lesion to the talus with hardware to the distal tibia and fibula. More hardware was noted to the subtalar joint area and calcaneus. Hallux valgus stage III was noted on x-ray as well. Arthroscopic debridement of the first MPJ was recommended but denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Debridement of the first MPJ Right, First Metatarsal Head Dorsal Lateral Exostosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-377.

Decision rationale: After careful review of the enclosed information and the MTUS guidelines pertinent for this case, it is my opinion that the Decision for Arthroscopic Debridement of the first MPJ Right, First Metatarsal Head Dorsal Lateral Exostosis is not medically reasonable or necessary at this time. Chapter 14 of the MTUS guidelines states that a referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functional improvement.- Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot.- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair.

Injection to Sub Talar Joint C-arm guided; Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines.

Decision rationale: After careful review of the enclosed information and the MTUS guidelines pertinent for this case, it is my feeling that the decision for an injection to the subtalar joint, C-arm guided, right foot, is not medically reasonable or necessary at this time. The guidelines state that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective.