

<b>Case Number:</b>	CM14-0050058		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/05/2000
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 claimant is a 50-year-old female injured on 04/05/00. Records indicate an injury to the left foot. There is documentation that the claimant had previously undergone an open reduction internal fixation surgery to the left fifth metatarsal fracture with current complaints of continued pain. There was no documentation of formal imaging for review. Claimant's recent assessment 02/05/14 described continued complaints of pain about the foot, stating a recent MRI scan of the foot showed findings consistent with posterior tibialis tendon inflammation and a remote sprain to the ATFL. Physical examination findings showed hypersensitivity to the left foot with pain laterally at the cuneiform. There was pain with palpation over the medial aspect of the posterior tibialis tendon with difficulty with range of motion. Claimant was diagnosed with plantar fasciitis with left foot sprain, painful gait and retained internal fixation with edema to the fifth metatarsal. Recommendations were for hardware removal with open reduction internal fixation of the left medial cuneiform and a possible repair to the posterior tibialis tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of internal fixation of fifth metatarsal and open reduction internal fixation of left medial cuneiform with possible repair of the posterior tibialis tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 14 Ankle and Foot Complaints, page 374 and on the Non-MTUS Official Disability Guidelines (ODG)-Official Disability Guidelines Treatment in Worker's Comp.

**Decision rationale:** Based on California ACEOM Guidelines, surgical intervention would not be indicated. Guidelines would indicate surgical processes to the foot or ankle if there were clear evidence of imaging of a lesion that is shown to benefit in both the short and long term from surgical process. With supportive Official Disability Guidelines, surgical hardware removal was only indicated if there is evidence of broken hardware or persistent pain after ruling out other causes such as infection and nonunion. Presently there is no formal documentation of imaging for review to demonstrate evidence of malunion or nonunion of fracture or indication for the surgical process in question. Without isolation of hardware pain or indication of acute cuneiform fracture, the purpose of surgical intervention in this individual has not been established. Therefore, the request is not medically necessary.