

<b>Case Number:</b>	CM14-0057333		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopaedic 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 45-year-old female sustained an industrial injury on 1/26/10. The mechanism of injury was not documented. The patient underwent arthroscopy with debridement and synovectomy with curettage of a talar dome chondral defect on 9/30/13. The 3/19/14 treating physician progress report cited complaints of a prominent knot on top of the right ankle which was a source of irritation. Right ankle throbbing pain was not significantly better since surgery. Right foot exam findings documented a prominence over the anterior process of the calcaneus at the articulation with the cuboid. Compared to the left, the right was more prominent. There was no soft tissue swelling over this region but the patient complained of pain. Radiographs demonstrated 3 small regions of ossification in the anterior ankle at the talonavicular joint which was not the source of pain. The Lisfranc joint appeared normal. The calcaneocuboid joint appeared normal with the exception of a small prominence of the lateral aspect of the anterior process of the calcaneus at the attachment. The diagnosis was calcaneocuboid arthritis with prominent exostosis of the anterior process of the calcaneus. The treatment plan recommended excision of the calcaneal exostosis to relieve symptoms of soft tissue irritation. The 4/18/14 utilization review denied the surgical request and associated physical therapy based on an absence of documented soft tissue swelling/irritation noted on exam or imaging. There was no diagnostic injection to ascertain pain generator. There was no indication that conservative management with shoe modification had been attempted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of the Exostosis ( R foot surgery): Upheld**

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

**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, Excision of Exostosis.

**Decision rationale:** The California MTUS guidelines do not make surgical recommendations in chronic foot conditions. The Official Disability Guidelines recommend excision of an exostosis for patients with hallux valgus. Surgical excision criteria include failure of non-surgical treatment, impracticality of non-surgical treatment, and patient desire for correction of a painful deformity that causes a loss of function. Non-surgical treatment is recommended and should include at least two of the following: shoe modifications, padding, corticosteroid injections, taping, or footwear changes. Guideline criteria have not been met. There is no evidence that this prominence is functionally limiting. There is no detailed documentation that guideline-recommended conservative treatment had been tried and failed. Therefore, this request for excision of exostosis (right foot surgery) is not medically necessary.

**Post op Physical therapy x12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** The request for right foot excision of exostosis is not medically necessary, the associated request for post-op physical therapy x 12 sessions is not medically necessary.