

Case Number:	CM14-0061845		
Date Assigned:	07/09/2014	Date of Injury:	03/22/1991
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 77-year-old female teacher sustained an industrial injury on 3/22/91. Injury occurred when the patient slipped on a waxed floor and broke her left ankle and right shoulder. Past surgical history included bunionectomy with osteotomy of the first metatarsal and toe tendon release on 1/6/10. The 2/1/14 left foot x-rays documented 1st, 2nd, and 3rd metatarsal fixations, good alignment of the first metatarsophalangeal joint, and mild asymmetrical joint space narrowing with exostosis. There was slight symmetrical joint space narrowing of the 2nd and 3rd metatarsophalangeal joints. There was lateral deviation of the 2nd, 3rd, and 4th toes at the respective metatarsophalangeal joints. Records indicate the patient had been treated with a variety of orthotics, ankle foot orthosis (AFO), strapping, and rest. Cortisone injections were contraindicated due to prednisone use for a medical issue. The 4/9/14 treating physician report indicated the patient had a painful flatfoot deformity and abnormal pronation along with 2nd to 4th toe deformity on the left foot. Pain and deformity had progressively worsened. The patient was unable to walk or perform activities of daily living without discomfort and pain. Prior conservative treatment did not improve symptoms or deformities. Left ankle exam documented ankle joint range of motion of less than 10 degrees, mild gastrocnemius equinus, and mild pes planus deformity with mild decreased medial arch and moderate abducted forefoot to rearfoot. There was decreased abnormal abduction forefoot to rearfoot when the subtalar joint was held at the neutral position. There was mild pain with palpation of the 2nd to 4th metatarsals. Under consideration is a request for left foot gastrocnemius recession procedure. The 4/16/14 utilization reviewer denied the request because all recommended conservative measures had not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot tendon gastrocnemius recession: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Adult acquired flatfoot (pes planus).

Decision rationale: The California MTUS guidelines do not provide treatment recommendations for pes planus. The Official Disability Guidelines provide specific recommendations for the treatment of adult acquired flatfoot (pes planus) by stage. Records suggest that this patient would be categorized as stage 2. In stage 2 dysfunction, a painful flexible deformity develops, and more control of hindfoot motion is required. In these cases, a rigid [REDACTED] ([REDACTED]) orthosis or short articulated ankle-foot orthosis (AFO) is indicated. Recommended surgical correction for Stage 2 includes gastrocnemius recession in cases of equinus contracture. Guideline criteria have been met. This patient presents with painful flatfoot deformity that has failed to improve with guideline-recommended conservative treatment. There is limited ankle motion, gastrocnemius equinus, and forefoot to rearfoot deformity that is passively correctable to neutral. There is significant functional limitation documented in ambulation and activities of daily living. Therefore, this request for tendon gastrocnemius recession for the left foot is medically necessary and appropriate.