

Case Number:	CM14-0067627		
Date Assigned:	08/06/2014	Date of Injury:	12/17/2013
Decision Date:	11/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 is a 48 year old male claimant with an industrial injury dated 12/17/13. Conservative treatments have included medication and physical therapy. MRI of the right ankle dated 02/03/14 reveals tibialis posterior tendinitis and a soft tissue contusion medial to the head and neck of the talus and mild bone contusion of the lateral malleolus. Also there was evidence of a tear of the distal 2cm of the tibialis posterior tendon. X-rays were normal. Exam note 04/07/14 states the patient returns with pain. Upon physical exam the patient demonstrates an antalgic gait. The patient uses an assistive device to aid with mobility. There was evidence of calf muscle atrophy present and bilateral flatfoot still present as well. The patient has trouble tiptoe walking. Additionally, ankle and great toe motion was equal. It is noted that the flat foot deformity was worse than his contralateral foot due to the injury. Diagnosis is noted as right posterior tibial tendon tear and right gastrocnemius contracture. Treatment includes a right flexor digitorum tendon transfer to supplement a posterior tibial repair, and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right flexor digitorum to navicular tendon transfer, lengthening calcaneal osteotomy - right, gastrocnemius lengthening -right, and posterior tibial tenosynovectomy and bone autograft vs. allograft vs. marrow aspiration -right: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of adult acquired flatfoot deformity. According to ODG Ankle and Foot, Adult acquired flatfoot (pes planus), it is recommended for at least 6-8 weeks before consideration of surgery. There are 4 stages of posterior tibial tendon dysfunction with recommendation for subtalar fusion, triple arthrodesis for stage 3 and tibiotalar fusion with pantalar fusion for stage 4 deformity. In this case, the exam note from 4/7/14 does not support the need for bone grafting and osteotomy as there is no evidence of a rigid deformity as defined in stage 3 or 4 dysfunction. Therefore, the determination is that the request is not medically necessary.

Post-operative wheelchair rental - 3 months: 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.

Kneeling walker: 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.

Outpatient physical therapy - 12 sessions-right ankle and foot: 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.

Pre-operative medical clearance: 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.

Pre-operative labs: 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.

Pre-operative EKG study: 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.