MAXIMUS Federal Services

Case Number:	CM14-0090394		
Date Assigned:	07/23/2014	Date of Injury:	01/08/2013
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 42-year-old female job developer sustained an industrial injury on 1/8/13. Injury mechanism was described as an inversion twisting injury to her left foot and ankle. Initial X-rays were reported negative for fracture. The 8/1/13 left foot/ankle MRI impression documented healing of the proximal cuboid fracture. There was articular sclerosis and mild irregularity at the calcaneocuboid joint. There was mild bony edema in the anterior process of the calcaneus without a fracture. There were slight degenerative changes present at the first metatarsal-proximal phalangeal joint. There was a type II tendinosis of the distal peroneus brevis tendon with attenuated tendon to the base of the fifth metatarsal. The 2/17/14 left foot CT scan conclusion documented old healed fracture deformity of the cuboid where there is a 2 mm step-off and a possible small healed fracture of the navicular. There were mild to moderate degenerative changes of the calcaneocuboid joint. The 2/25/14 second opinion orthopedic report cited mild swelling about the lateral aspect of the midfoot with tenderness to palpation over the dorsum and lateral aspect of the foot. There was maximum tenderness in the region of the calcaneocuboid joint. There was no crepitus and 5/5 strength. A diagnostic and therapeutic injection of the calcaneocuboid joint was recommended. The patient declined the injection. The 4/22/14 initial podiatry report cited sharp pain with extreme ankle extension activity and pain and swelling with twisting and turning. Physical exam documentation normal reflexes, sensation and motor strength. The ankle, subtalar and metatarsophalangeal joint range of motion demonstrated no catching, clicking, or locking. Range of motion was slightly decreased in extension. There was tenderness directly over the calcaneocuboid joint articulation and with attempted dorsoplantar motion/translation. The treatment plan recommended injections or surgical intervention. The 6/9/14 utilization review denied a request for left foot fusion surgery

and excision of fracture fragments after peer-to-peer discussion and agreement for further diagnostic evaluation with an injection of the calcaneocuboid joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Surgery Fusion: Upheld

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

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, Fusion (arthrodesis).

Decision rationale: The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. In this case, guideline criteria have not been met. There is no evidence that a diagnostic injection had been performed or what response was achieved. Therefore, this request for left foot fusion is not medically necessary.

Left Foot Surgery Excision of Fracture Fragment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs have failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Multiple recommendations have been made for diagnostic or therapeutic injection prior to surgical intervention. There is no current documentation that a diagnostic injection has been performed to confirm the pain generator. Therefore, this request for left foot surgical excision of a fracture fragment is not medically necessary.