

<b>Case Number:</b>	CM14-0198448		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Massachusetts. 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 injured worker is a 63-year-old female who reported an injury on 01/26/1998. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of peripheral neuropathy with talus formation, foot deformity, and unspecified deformity of the ankle and foot acquired. Past medical treatment consists of surgery, night splints, and medication therapy. Medications consist of Bio freeze, gemfibrozil, glimepiride, Glucophage, Lidoderm cream, Lidoderm patches, Lopid, metformin, Norco, Nucynta, simvastatin, and Vicodin. On 06/23/2014, the injured worker underwent an x-ray of the left foot, which revealed osseous structures, and joint spaces were intact. There was prominent plantar and posterior calcaneal spurring. No fractures or other arthritic changes were observed. On 12/01/2014, the injured worker complained of pain in foot and ankle. Physical examination of the posterior tibial tendon revealed abduction of the forefoot at Chopart's joint, ankle instability, catching edema, loss of height of the medial longitudinal arch, with valgus "deflexion" of the heel. Pain was present to palpation along the course of the posterior tibial tendon on the navicular and proximal to its insertion behind the medial malleolus. First metatarsal rise was abnormal. Heel lift test was positive, with inability to raise the heel unassisted. It was also noted that there was normal brisk and symmetrical Achilles tendon and patellar deep tendon reflexes with a negative clonus and down going toes. The injured worker was able to heel and toe walk with ease. Normal sharp/dull, vibratory, proprioception, light touches sensation to right and left foot. Deep tendon reflexes of the Achilles 2/4 right, 2/4 left. There was 3 to 4 pitting edema medial right arch. It was noted that there was pain along the Achilles tendon and posterior tibial tendon bilaterally. Medical treatment plan is for the injured worker to undergo bilateral surgery. Rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Surgery:** Upheld

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

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

**Decision rationale:** The request for bilateral surgery is not medically necessary. The California MTUS/ACOEM Guidelines state surgical considerations may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of musculature around the ankle and foot, and/or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. It was documented in the report that the injured worker complained of swelling in the foot and ankle. It was also noted that the injured worker had night splints previously. However, there was no indication of the injured worker having trialed and failed conservative treatment. There was no indication of activity limitations. It was noted on the physical examination that the injured worker was able to heel and toe walk with ease. It was also noted on x-ray of the left foot, dated 06/23/2014, that there were no fractures or other arthritic changes. The osseous structures and joint spaces were intact. It was indicated that the injured worker had prominent plantar and posterior calcaneal spurring. However, the request as submitted also failed to specify what extremity was to undergo surgery, and what type of surgery. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.

### **New Custom Ankle and Foot Orthotic (AFO) brace for the right foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.