

Case Number:	CM14-0202637		
Date Assigned:	01/28/2015	Date of Injury:	07/26/2012
Decision Date:	03/18/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 41 year old female phlebotomist had date of injury 07/26/2012 when she was pushing a cart into an elevator and fell onto her right foot but did not go down. X-rays did not show any fracture but she had right foot tenderness. She was given a walking boot. On 07/27/2012 the initial consultation with her primary disclosed complaints of severe pain in the first and second tarsal meta-tarsal joints and an impression of Lisfranc's sprain or midfoot injury was reached. She was placed off work. Pain continued and three weeks later a recommendation was made for an open reduction internal fixation (ORIF) with a dorsal plate. A MRI had showed a contusion of the calcaneal neck and periosteal edema of the second cuneiform. On 09/28/12 she underwent the ORIF and dorsal plate placement. Her off work status continued, she received physical therapy and nonsteroidal medications. On 12/29/12 a return to work with restrictions was made. She continued to have pain. On 5/24/2013 the hardware was removed. Pain continued with complaints that she was unable to bear weight on the right foot or do extended walking and was limping. Followup consultation suggested an osteotomy. On her followup visit 07/15/14 she complained of severe pain and had tenderness on the dorsal aspect of her foot. In August she was improved with Vicodin. Her progress note in October noted she had returned to work. She was noted to overall be doing well on 11/20/2014. X-rays described some arthritic changes. On her visit on 01/06/2015 she was noted to be doing well and was happy with work restrictions. On exam her alignment was noted to be good and x-rays showed some midfoot degenerative change. Utilization Review of 11/03/2014 denied the request for a right great toe cheilectomy and akion

osteotomy with implant Arthrex plate, pre-op clearance with [REDACTED], EKG/chest x-ray, post-op physical 2X4, crutches, boot CAM walker, polar ice unit with PA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right great toe cheilectomy and akion osteotomy with implant Arthrex plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 375, 7,8,Chronic Pain Treatment Guidelines Page(s): 7,8, 375.

Decision rationale: Documentation shows the injured worker has functionally improved since returning to work in October 2014. It does not show per MTUS guidelines for chronic pain that her physician has tailored a medication program for this individual. Other conservative alternatives to surgery have not been addressed. A home exercise program and its functional results is not found. An investigation into possible "red flags" is not present in the documentation. No instability is noted on the x-rays. Per MTUS guidelines the requested great toe cheilectomy and akion osteotomy with plate implantation is not necessary or reasonable.

Pre-operative clearance by [REDACTED]: 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.

Related to surgery: lab work: 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.

Related to surgery: EKG: 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.

Related to surgery: X-ray: 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.

Post-operative physical therapy, twice weekly for four weeks: 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.

Post-operative crutches: 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.

Post-operative boot cam 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.

Post-operative polar ice unit with pad: 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.