

Case Number:	CM15-0102653		
Date Assigned:	06/05/2015	Date of Injury:	05/13/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: Podiatrist

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 50 year old female, who sustained an industrial injury on 5/13/2014. The injured worker was diagnosed as having recurrent dislocation of joint, ankle and foot and pain in joint, ankle and foot. Treatment to date has included diagnostics, surgical correction of bunion deformity, custom orthotics, cortisone injection, and medications. Currently, the injured worker complains of continued multiple painful sites over both feet. She was concerned about diffuse pain at varying locations of her feet and had been experiencing progressive worsening of collapsing arches on both feet, especially when attempting to walk barefoot. She was opting for more aggressive intervention to overcome the chronic painful sites of both feet. Magnetic resonance imaging of the bilateral feet (3/18/2015) were submitted. X-rays of the bilateral feet (2/21/2015) were submitted. The treatment plan included open treatment of recurrent talotarsal joint dislocation with subtalar implants of both feet, to address the underlying deforming force, attributing to her diffuse distant compensatory pain and conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open treatment of talotarsal joint dislocation (surgery): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Subtalar arthroscopy.

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

Decision rationale: According to the enclosed progress notes, this patient suffers with numerous painful areas to bilateral feet. Patient's foot pain is secondary to a traumatic incident which occurred while at work many years prior. Patient has undergone a bunion surgical correction. Most notable on the most recent physical exam is collapse of medial arch BL. MRI evaluation reveals strain of the capsule over the base of the first metatarsal first cuneiform area. X-rays reveal decreased calcaneal inclination angle which correlates well with the physical findings of diminished medial arch bilaterally. It is also noted in the progress notes that this patient has undergone orthotic therapy, physical therapy, anti-inflammatory medication for the treatment of her foot pain. MTUS guidelines state that surgical correction may be recommended when the patient exhibits, activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. After review of the enclosed physical exam and imaging studies, open reduction of Talotarsal joint dislocation, right and left side, is medically reasonable and necessary. The podiatrist recommends subtalar joint implants to correct overpronation and fallen medial arch. Again, this is a reasonable recommendation and treatment. The request is medically necessary.

Right open treatment of talotarsal joint dislocation (surgery): 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)-TWC, Subtalar arthroscopy.

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

Decision rationale: According to the enclosed progress notes, this patient suffers with numerous painful areas to bilateral feet. Patient's foot pain is secondary to a traumatic incident which occurred while at work many years prior. Patient has undergone a bunion surgical correction. Most notable on the most recent physical exam is collapse of medial arch BL. MRI evaluation reveals strain of the capsule over the base of the first metatarsal first cuneiform area. X-rays reveal decreased calcaneal inclination angle which correlates well with the physical findings of diminished medial arch bilaterally. It is also noted in the progress notes that this patient has undergone orthotic therapy, physical therapy, anti-inflammatory medication for the treatment of her foot pain. MTUS guidelines state that surgical correction may be recommended when the patient exhibits, activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that

has been shown to benefit in both the short and long term from surgical repair. After review of the enclosed physical exam and imaging studies, open reduction of Talotarsal joint dislocation, right and left side, is medically reasonable and necessary. The podiatrist recommends subtalar joint implants to correct overpronation and fallen medial arch. Again, this is a reasonable recommendation and treatment. The request is medically necessary.