

<b>Case Number:</b>	CM15-0132791		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/19/2002
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 51 year old male who sustained an industrial injury on 6-19-02. In a review of additional medical records dated 5-28-15, the physician notes 8-28-14: right ankle pain, left calcaneofibular impingement. Injection of the right foot provided excellent relief of pain until approximately March has now worn off and has left medial tibial pain additional to lateral ankle pain. The injured worker does not want a fusion if it can be avoided. X-rays reveal left ankle post-operative changes involving the distal tibia and fibula with well healed fracture sites. Diagnoses are painful left calcaneofibular impingement, probable stress reaction left tibia, right talar necrosis, ankle subtalar greater than talonavicular arthritis. Right peroneal tendon sheath was injected. Recommend left calcaneofibular exostectomy. The requested treatment is one left calcaneofibular exostectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Left calcaneofibular exostectomy:** Upheld

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

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

**Decision rationale:** The injured worker has a history of open fracture dislocation of the right ankle on 6/19/2002 followed by avascular necrosis of the talus. In addition there is traumatic arthritis of the tibiotalar and subtalar joints of the right ankle and hind foot and a history of osteomyelitis following the open reduction and internal fixation. There is also a history of bimalleolar fracture of the left ankle associated with a fracture of the tibia from the same injury. He is status post lateral bone graft of the distal left tibia on 1/10/2006, status post removal of battery pack from the left lower extremity in 2007 and status post open excision of posterior talar exostosis, left ankle and arthroscopy with extensive debridement on 7/19/2007. He has a chronic pain syndrome of the lower extremities as well as neck pain with non-verifiable radicular pain in the right upper extremity. Other diagnoses per medical records include impingement syndrome of the right shoulder, torn medial and lateral menisci in the right knee. He underwent a lumbar fusion in 2013 and 2014. Per office notes dated 6/22/2015 he stated that injections helped greatly in the past with the right lateral hind foot and pain had recurred again. The assessment was history of right talar avascular necrosis with peroneal and posterior tibial tendinitis and left calcaneofibular impingement. The right peroneal tendon sheath was injected with corticosteroids and lidocaine. The posterior tibial tendon sheath was also injected. A request for calcaneofibular exostectomy was noncertified for lack of conservative treatment such as bracing and injections. The provider stated that both of these reasons were untrue. The documentation provided does not include objective imaging evidence of calcaneal fibular impingement to support the surgical request. California MTUS guidelines indicate surgical considerations for clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Pain relief from a corticosteroid injection does not constitute enough evidence that the requested surgical procedure will be of benefit. As such, the request for calcaneofibular exostectomy is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.