

Case Number:	CM15-0133262		
Date Assigned:	08/19/2015	Date of Injury:	12/03/2014
Decision Date:	09/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	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: Montana, Oregon, Idaho
 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 55 year old male, who sustained an industrial injury on 12-3-14. The injured worker has complaints of right foot pain. The documentation noted pain on palpation of the right first metatarsal secondary to fracture. Range of motion demonstrates palpable pain with difficulty and need for further treatment intervention as here in described. The diagnoses have included plantar fibromatosis. Treatment to date has included oral narcotics and anti-inflammatory medications. The request was for one open reduction and internal fixation of the right metatarsophalangeal joint with fluoroscopy; surgical assistant and one bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One open reduction and internal fixation of the right metatarsophalangeal joint with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) (Open reduction internal fixation (ORIF)) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of open reduction and internal fixation. Per the ODG, Ankle section, open reduction and internal fixation, recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place. In this case the exam notes from 4/24/15 and 5/20/15 do not demonstrate a displaced fracture requiring open reduction and internal fixation. There is no formal radiology report describing the presence of a fracture nor do either of the clinical notes comment on radiologic findings. The note on 5/20/15 describes the results of serial x-rays as pending. The documentation does not clearly support the diagnosis of a metatarsal fracture. Therefore the requested surgery is not medically necessary.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicaid Services (CMS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of assistant surgeon. According to the American College of Surgeons, The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. There is no indication for an assistant surgeon for a routine metatarsal ORIF. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In addition, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

One bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone Growth Stimulator, Electrical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: CA MTUS is silent on the issue of bone stimulators. According to ODG, ankle section, bone stimulator is recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors. Also, limited studies show that patients who received post-operative low intensity ultrasound following ankle fusion showed a statistically significant faster healing rate on plain radiographs at 9 weeks and CT scan at 12 weeks. In this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.