

Case Number:	CM15-0134545		
Date Assigned:	07/23/2015	Date of Injury:	11/01/2011
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Indiana, Oregon
 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 39 year old male, who sustained an industrial injury on November 01, 2011. The injured worker reported that he jumped off the two steps while walking down stairs causing him to land awkwardly onto the left ankle. The injured worker was diagnosed as having posterior tibial tendon dysfunction, internal derangement of the ankle joint mortise, internal derangement of the subtalar joint, significant instability of the ankle causing secondary pain, and bilateral accommodating dysfunction of the right ankle leading to the Achilles tendinitis. Treatment and diagnostic studies to date has included use of ankle-foot arthrosis, medication regimen, Toradol injections, chiropractic therapy, magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction study, use of a transcutaneous electrical nerve stimulation unit, and trigger point injections. In a progress note date February 05, 2015 the treating physician reported sharp pain below the right knee, along with sharp pain and weakness above the right knee upon weight bearing. In a progress note dated May 28, 2015 the treating physician reports complaints of significant foot pain and ankle pain. Examination reveals a foot collapse, medial arch collapse, prominently rolled ankle, bunion deformity, severe pain to the sinus tarsi, pain at the foot and ankle mortise, decreased range of motion bilaterally, and pain with range of motion to the subtalar joint. The treating physician requested magnetic resonance imaging of the bilateral feet and ankles for posterior tibial tendon dysfunction stage IIIA. The treating physician requested casting and orthotics, ankle-foot arthrosis brace, plastic with ankle joint soft interface, and varus/valgus wedge and molded inner foot with the treating physician noting that use of an ankle-foot arthrosis on the left foot has assisted the injured worker but

temporarily, and that orthotics used on the right foot have not assisted the injured worker in pain reduction. The treating physician requested arthrodesis surgery of the right foot to give stability to the rear-foot and to replace the need for triple arthrodesis. The treating physician requested magnetic resonance imaging four the right knee, but the documentation provided did not contain the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis Surgery right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle chapter - Fusion.

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 subtalar arthrodesis of the left foot. According to the ODG, Ankle section, fusion, criteria includes conservative care including casting, bracing and shoe modifications. In addition, pain must be present with weight bearing and relieved with xylocaine injection. There must be misalignment and decreased range of motion with positive radiographic confirmation of loss of articular surface or bony deformity. Supportive imaging can include bone scan, MRI or CT. In this case the examination states that the deformity is flexible. There is no evidence of fixed misalignment to warrant a fusion. The request is not medically necessary.

Associated surgical service: MRI of the bilateral foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatments in Workers' Comp (13th annual edition), 2015, Foot and Ankle Chapter - MRI.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: AFO brace, plastic with ankle joint soft interface: 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), Treatment Index, 13th Edition (web) 2015, Foot and Ankle chapter.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: MRI of the Right Knee without contrast, 2mm cuts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition).

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Casting and Orthotics: 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) Treatment in Workers Comp, 13th Annual Edition, 2015, Foot and Ankle Chapter, Casting Orthotics.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: MRI of the bilateral ankle with 2mm cuts, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition), 2015, Foot and Ankle Chapter - MRI.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Varus/valgus wedge and molded inner 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), (20th annual edition) & ODG Treatment in Worker's Comp (13th annual edition), 2015, Foot and Ankle Chapter-AFO.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.