

Case Number:	CM15-0029423		
Date Assigned:	02/23/2015	Date of Injury:	08/11/2014
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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, New Hampshire, Washington
 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 60 year old male, who sustained an industrial injury on August 11, 2104. The injured worker had reported a right ankle injury. The diagnoses have included traumatic arthropathy, osteoarthritis and pain. Treatment to date has included medications, orthotics, CAM walker boot, right ankle injection and physical therapy. Current documentation dated February 16, 2015 notes that he injured worker reported pain in the right foot and ankle. Physical examination revealed tenderness to palpation over the anterolateral ankle and to a lesser degree over the posterior and medial sides of the ankle. Range of motion was decreased. He had a markedly antalgic gait right ankle gait. Utilization review references documentation dated January 16, 2015, which was not submitted for this review. On January 30, 2015 Utilization Review non-certified a request for a subtalar joint arthrodesis graft retrieval assisting the treating physician at [REDACTED]. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subtalar joint arthrodesis with bone graft retrieval assisting [REDACTED] at [REDACTED]
[REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-383.

Decision rationale: MTUS criteria for subtalar arthrodesis not met. There is no documentation of radiographic evidence of significant arthritis. There is no documentation of joint injection. Subtalar arthrodesis not medically needed. It is unclear that the patient has severe DJD of the joint.