

Case Number:	CM15-0029908		
Date Assigned:	02/23/2015	Date of Injury:	02/04/2014
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
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: Illinois, California, Texas
 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 54-year-old male patient who sustained an industrial injury on 2/04/14. Injury occurred when he stepped out of a truck into a hole and fell. Past surgical history was positive for back surgery and spinal cord stimulator placement. The 2/25/14 left foot CT scan impression documented impaction type fracture involving the distal calcaneus and cuboid. The 1/14/14 treating physician report cited left dorsal foot pain with occasional burning sensation. He was started on Lyrica which helped with the burning. In addition, he takes Norco, with good effect. Records indicated that there were no diagnostic studies. Physical exam documented antalgic gait and significant left ankle swelling with prominent swelling along the medial aspect and dorsum. There was excoriation over the 1st metatarsal and over the medial aspect of the left foot, near the navicular bone. Sensation was grossly intact. He was unable to stand on his toes, but was able to wiggle them. Dorsiflexion was difficult, external rotation was intact. He was unable to ambulate in a linear plane. The diagnosis was a traumatic left ankle sprain with likely fractures to the bones of his foot. He had very apparent deformities. He will need to have the spinal cord stimulator IPG removed so be able to move forward with MR imaging of the foot. The Norco was discontinued and he was prescribed Lyrica 50MG #60 and Tramadol 50MG #90. A request was made for 1 left rear foot fusion and tendo Achilles shortening/lengthening and 1 surgical assistant. On 1/19/15, utilization review non-certified the request for left rear foot fusion and tendo Achilles shortening/lengthening and surgical assistant. CA MTUS/ACOEM, ODG Ankle and Foot Complaints, surgical considerations was cited. On 02/17/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left rear foot fusion and tendo achilles shortening/lengthening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Guideline criteria have not been met. Records indicated that there is no current imaging as the patient has an implanted spinal cord stimulator and requires removal to proceed with MRI. Detailed, recent comprehensive and reasonable less invasive treatment trial and failures have not been documented. Given the absence of clear imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, surgical intervention is not recommended. Therefore, this request is not medically necessary.

Associated surgical service: 1 surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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