

Case Number:	CM15-0032269		
Date Assigned:	02/25/2015	Date of Injury:	09/23/2013
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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
Certification(s)/Specialty: Podiatrist

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 59 year old male, who sustained an industrial injury on 9/23/2013, after a fall from a roof. The diagnoses have included villonodular synovitis, ankle and foot. Treatment to date has included surgical (9/24/2013 left open reduction and internal fixation calcaneal fracture, 12/5/2013 incision and drainage of left foot abscess with debridement) and conservative measures. Magnetic resonance imaging of the left ankle, dated 12/03/2013, noted multiple small abscesses at the lateral aspect of the hindfoot and calcaneus, associated cellulitis, and no definite osteomyelitis. A pneumatic cam walker was approved on 11/04/2014. Currently, the injured worker complains of continued left foot pain. Minimal edema was noted in the left foot. An antalgic gait was noted when walking barefoot, and an aircast was noted upon presentation. Tenderness was noted at the anteromedial and anterolateral ankle gutter. X-rays were referenced as showing pes planus and rearfoot joint space narrowing. Computerized tomography of the left rearfoot was referenced as showing joint space narrowing. Current medication regime was not noted. On 2/11/2015, Utilization Review non-certified a request for 1 prescription of Norco 10/325mg #100, citing MTUS Chronic Pain Medical Treatment Guidelines, non-certified a request for 1 triple arthrodesis, hardware removal, citing Official Disability Guidelines, and non-certified a request for 1 cam walker, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left triple arthrodesis, hardware removal: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery, Ankle Fusion.

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

Decision rationale: It is clear from the enclosed progress notes that this patient suffered a comminuted calcaneal fracture left side. The calcaneal fracture occurred in 2013. Patient has undergone numerous treatments for the fracture as well as subsequent infections to the left foot. Patient has undergone physical therapy, TENS unit treatment, sympathetic blocks, without resolution of pain. Patient is currently ambulating in a CAM Walker and states that this is the only way that he can walk around with minimal pain. During a December 1, 2014 visit an extensive progress note is noted. An extensive physical exam was done and a review of past imaging of the left foot was performed. It is well-documented that this patient suffers with significant pain and arthritic changes to the left foot. The findings of the reviewing physician advise that patient should undergo triple arthrodesis left foot with removal of symptomatic hardware. After consideration of the enclosed progress notes and the MTUS guidelines for this case, it is my feeling that a triple arthrodesis with removal of symptomatic hardware is medically reasonable and necessary for this patient at this time. Patient has suffered with left foot pain for many months, which has been documented to be unresponsive to conservative treatments. The MTUS guidelines below advise on surgical consultation. Referral for surgical consultation may be indicated for patients who have: - Activity limitation for more than one month without signs of functional improvement-Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot-Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. I feel that the progress notes support the need for the above surgical intervention.

Norco 10/325mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term opioid use for chronic pain Page(s): 78, 88-89.

Decision rationale: The MTUS guidelines are very detailed concerning the long term opioid use. The documentation enclosed in this chart has not supported the continuation of the percocet

use by this patient. Pain assessment and functioning has not been documented, nor has the 4 "A's been documented. The pain medication has not improved functioning.

Associated surgical service: cam walker: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: It is well-documented in the enclosed progress notes that this patient has been ambulating with a CAM Walker since surgical fixation of his left calcaneal fracture. Obviously, patient currently has a CAM Walker that has not been noted to be broken down or inadequate. For this reason alone there is no reason for the patient to obtain another CAM Walker. As for MTUS guidelines, page 376 advises that prolonged supports or bracing without exercise is not medically recommended. It is noted that this patient has been ambulating in the CAM Walker to brace and support his foot for quite some time. The MTUS guidelines do not advise and/or recommend this lengthy immobilization.