

Case Number:	CM15-0045335		
Date Assigned:	03/17/2015	Date of Injury:	12/13/2013
Decision Date:	04/17/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 61-year-old male who sustained an industrial injury on 12/13/13. Initial injury reportedly occurred in 2006 when a large door he was moving slipped and fell on his foot. He sought initial treatment in May 2013. Initial conservative treatment included physical therapy, topical medication, and oral narcotics. The 2/16/14 left ankle MRI impression documented full thickness chondral defects at the talonavicular and calcaneocuboid joints with adjacent marrow edema within the talus, calcaneous, and navicular, intertarsal osteoarthritis, and ankle mortise joint effusion. The 2/16/14 left foot MRI impression intertarsal, first metatarsophalangeal, and first metatarsal sesamoid osteoarthritis, and first through fifth metatarsophalangeal joint effusions. The 8/5/14 left ankle CT scan impression documented mild degenerative changes of the tarsal bones with mild narrowing in the joint spaces and mild subchondral cyst formation. There was no joint effusion present. The 12/9/14 treating physician report cited considerable left foot pain while ambulating. Physical exam documented a dorsal exostosis left foot. The treatment plan recommended continued conservative treatment with orthotics and Voltaren was prescribed. Possible surgery should painful symptoms continue. The 2/3/15 treating physician report cited continued left foot pain. Physical exam documented pain with palpation over the dorsal left foot. X-rays showed a large dorsal exostosis of the talar navicular joint. Authorization was requested for excision of the exostosis, EKG, chest x-ray, pre-operative clearance, and labs. On 2/24/15, authorization was requested for talar navicular fusion with internal fixation and posterior splint of the left foot. The 3/3/15 utilization review non-certified the request for talar navicular fusion with internal fixation and posterior splint of the left

foot based on an absence of documented pain relief with an injection, no documented clinical exam findings of malalignment, and no imaging evidence of significant loss of articular cartilage, particularly at the talar navicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Talar navicular fusion with internal fixation and posterior splint of the left 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) 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 and Foot: Fusion (arthrodesis).

Decision rationale: The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. Guideline criteria have not been met. This patient presents with persistent left foot pain with ambulation. There is imaging evidence of full thickness chondral defects at the talonavicular and calcaneocuboid joints. However, there are limited clinical exam findings documented. There is no evidence of malalignment or decreased range of motion. There is no documentation of a positive injection test. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.