

<b>Case Number:</b>	CM15-0053027		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 59-year-old who sustained an industrial injury on 8/14/14. Injury occurred when he fell 5 feet off a ladder and sustained a right calcaneal fracture. The 2/2/15 podiatry report documented he had been treated conservatively but was having significant right foot and ankle pain, and difficulty ambulating in a boot. Right foot/ankle exam documented hindfoot swelling, slight atrophy, and pain to palpation of the ankle joint and subtalar joint area. There was mild range of motion symptoms within the tarsal joint. There appeared to be a widened and shorter hindfoot region. The diagnosis included significant calcaneal fracture with joint depression issues. CT scan and MRI were recommended. The 2/17/15 right ankle CT scan impression documented an old healed calcaneal fracture, slight surface irregularity at the subtalar joint due to the calcaneal fracture, and some mild patchy subcutaneous edema or fibrosis at the medial and lateral malleolus. There was diffuse osteopenia of the bony structures of the right ankle and midfoot thought due to disuse osteopenia. The 2/19/15 right ankle MRI impression documented an old healed calcaneal fracture, degenerative joint disease or subtle arthropathy at the subtalar joint and talonavicular joint, and strain or tendinopathy at the peroneus longus and brevis tendons. There was scar/fibrosis at the subcutaneous soft tissues adjacent to the medial and lateral malleolus, and findings consistent with plantar fasciitis. The 2/26/15 podiatry report reported that the CT scan clearly showed a joint depression injury with a lateral wall blowout and a varus component. The MRI confirmed that with good viability in the calcaneous. There was a lateral wall blowout with consolidation and impingement on the lateral soft tissues, and a loss of talar height due to subsidence of the talus into the calcaneal body. The treatment plan

recommended a subtalar joint arthrodesis with a bone block distraction and lateral wall debridement. The patient was reported as a long term smoker, but had recently quit. The 3/6/15 utilization review denied the request for right foot subtalar joint block arthrodesis and lateral calcaneal wall osteotomy based on failure to meet guideline criteria.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 right foot subtalar joint bone block arthrodesis and lateral calcaneal wall osteotomy:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic).

**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): Surgery for calcaneal fractures.

**Decision rationale:** The California MTUS guidelines do not specifically address these surgical procedures. The Official Disability Guidelines (ODG) do NOT support intertarsal or subtalar fusion, except for stage 3 or 4 adult acquired flatfoot. The ODG recommend surgery for severely displaced significant calcaneal fracture. Intra-articular fractures may be treated in a closed fashion, but they are more commonly treated with a combination of open reduction, osteotomy, osteotomy, internal fixation, and/or arthrodesis of the subtalar and calcaneocuboid joints. Surgery is not recommended for closed displaced intra-articular calcaneal fractures without severe displacement. Guideline criteria have not been met. There is no evidence of stage 3 or 4 adult acquired flatfoot to support subtalar joint fusion. There is no evidence that the calcaneal fracture is severely displaced to support the medical necessity of osteotomy with subtalar joint arthrodesis. There is no compelling reason to support the medical necessity of these surgical procedures in the absence of guideline support. Therefore, this request is not medically necessary.