

Case Number:	CM15-0053637		
Date Assigned:	04/15/2015	Date of Injury:	07/26/2012
Decision Date:	06/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 40-year-old female who reported an injury on 07/26/2012. Her surgical history included hardware removal, dorsal cheilectomy of the 2nd tarsometatarsal joint, on 05/24/2013. Past treatments included medications, home exercise program, physical therapy, and surgery. Diagnostic studies included an official MRI of the right foot, performed on 08/17/2012, read by [REDACTED], which was noted to reveal marrow edema of abnormal biochemical stress and/or contusion at the calcaneal neck, marrow edema involving the proximal 2nd metatarsal and osteochondral irregularity and associated periosteal edema at the 2nd cuneiform and lisfranc joint. On 03/31/2015, the patient was seen for an evaluation. Subjective evidence included tenderness to palpation of the metatarsal. The physical examination revealed tenderness over the midfoot with difficulty getting around, normal sensation. Current medications were not specified. The treatment plan included activity and weight bearing as tolerated and a follow-up in 4 to 6 weeks. A request was received for right midfoot fusion, preoperative medical clearance, postoperative CAM walker boot, postoperative crutches, postoperative lace up brace, and postoperative physical therapy 2 x 4. The rationale for the request was not provided. The Request for Authorization form was dated 03/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Midfoot Fusion: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise program to increase range of motion and strength of the musculature around the ankle or foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical information indicated the patient underwent surgical repair of foot on 05/24/2013. Current subjective complaints include pain and difficulty walking. However, there was no documentation with evidence of failed conservative methods. In addition, there was no documentation of recent imaging studies following the previous surgery with evidence of a lesion. Given the absence of the information indicated above, the request is not supported. Therefore, the request is not medically necessary.

Pre-Op Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post Op Cam Walker Boot: 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 Official Disability Guidelines (ODG) .

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

Post Op Crutches: 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 Official Disability Guidelines (ODG) Ankle & Foot, Walking aids (canes, crutches, braces, orthoses, & walkers).

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

Post Op Lace-Up Ankle Brace: 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 Official Disability Guidelines (ODG) Ankle & Foot, Bracing (immobilization).

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

Post Op Physical Therapy (8-sessions, 2 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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