

Case Number:	CM15-0062597		
Date Assigned:	04/08/2015	Date of Injury:	04/12/2005
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 64-year-old male, who sustained an industrial injury on 4/12/2005. Diagnoses include diabetes mellitus, Charcot foot, ligament sprain/strain, hyperkeratotic lesion (callous), exostosis and osteoarthritis. Treatment to date has included multiple surgical interventions, custom inserts, home exercises, stretches, medications and podiatry care. Per the Follow-up Evaluation Report dated 2/25/2015 the injured worker reported pain in his feet when he walks, He wears custom shoes but has continued pain, especially on the bottom right foot. He has a black callous on his right little toe. Pain cream is helping. Physical examination revealed decreased bilateral sensation. There were negative bilateral Achilles and Patellar reflexes. Tone and turgor were decreased in the right foot. There was a blackened lesion on the right 5th toe with a blister. The plan of care included continuation of home exercises and stretching, physical therapy, and medications and authorization was requested for outpatient ulcer debridement x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient ulcer debridement x2: 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: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, 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. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 2/25/15 of significant pathology to warrant surgery. There is lack of documentation of failure of failed bracing or casting. Therefore, the guideline criteria have not been met and determination is for non-certification. The request is not medically necessary.