

Case Number:	CM15-0069359		
Date Assigned:	04/16/2015	Date of Injury:	10/01/2014
Decision Date:	07/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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:

This injured worker is a 61-year-old male who sustained an industrial injury on 10/1/14. Injury occurred when he jumped off a trash disposal unit and landed on his right foot. He sustained a fracture of the lateral navicular with medial dislocation. He was treated with splint, non-weight bearing, analgesic medication, and modified duty. The 12/29/14 right foot CT scan findings documented a minimally displaced intra-articular fracture of the lateral aspect of the navicular bone. The 1/8/15 orthopedic report cited continued grade 5/10 right foot pain, worse with walking. He was wearing a walking boot all the time, which kept the pain stable. Physical exam documented antalgic gait, proximal midfoot and anterolateral ankle swelling, cavus foot, and mild hindfoot varus. There was anterior ankle and lateral tip of the fibula tenderness. There was pain on joint stress of the subtalar and talonavicular joints. Range of motion was documented as extension 5, flexion 35, inversion 35, and eversion 0 degrees. The patient required a right foot triple arthrodesis to address his talonavicular fracture dislocation along with lateral midfoot pain due to calcaneocuboid joint misalignment and resultant stiff cavovarus deformity. The treatment plan recommended right foot triple arthrodesis with gastrocnemius lengthening with bone allo/autograft. The 3/18/15 treating physician report documented persistent right foot pain with weight bearing, unchanged, worse with over use. He was not wearing his CAM boot and was fully weight bearing. Physical exam findings were unchanged. The diagnosis was right talonavicular medial fracture dislocation with resultant cavovarus deformity. Authorization was requested for right foot triple arthrodesis with gastrocnemius lengthening with bone allo/autograft, post-operative front wheel walker, post-operative kneeling scooter, Norco 10/325

mg #60 and pre-operative medical clearance and labs, to include EKG. The 3/30/15 utilization review non-certified the right foot triple arthrodesis with gastrocnemius lengthening with bone allo/autograft, and associated surgical requests, as there was no documentation of pain relieved by a Xylocaine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Triple Arthrodesis with Gastrocnemius Lengthening with Bone Allo/Autographing: 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 and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require 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 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. The ODG do not support intertarsal or subtalar fusion, except for stage 3 or 4 adult acquired flatfoot. Guideline criteria have not been met. This injured worker sustained a fracture of the lateral navicular with medial dislocation. He has persistent pain and functional limitations with a resultant cavovarus deformity. There is clinical evidence of malalignment, decreased range of motion, and persistent pain despite reasonable conservative treatment. Imaging 8-weeks status post fracture did not indicate healing of the talonavicular fracture. However, there are no subsequent radiographs documenting the status of the fracture and no evidence of a diagnostic injection test. Therefore, this request is not medically necessary.

Post-Operative Front Wheel Walker: 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 and 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-Operative Kneeling Scooter: 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 and 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.

Norco 10/325mg #60: 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.

Pre-Operative Medical Clearance and Labs (to include EKG): 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.