

Case Number:	CM15-0082094		
Date Assigned:	05/04/2015	Date of Injury:	10/01/2010
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 56 year old male, who sustained an industrial injury on 10/1/10. The injured worker has complaints of right foot pain and right hip pain. The diagnoses have included left hip degenerative joint disease. Treatment to date has included right knee and right foot surgery; right knee anterior cruciate ligament; physical therapy and injections. The request was for Revision of right foot osteotomy site with autograft bone grafting and revision internal fixation as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of right foot osteotomy site with autograft bone grafting and revision internal fixation as necessary: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

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

Decision rationale: According to the enclosed information this patient was evaluated by his physician on 3/26/2015. It is noted that patient presents with right foot pain. Patient is currently status post osteotomy fifth metatarsal to correct painful Taylor's bunion. Pain is noted to be moderate to severe and inhibiting normal comfortable ambulation. X-rays taken that day reveal "failure of the hardware of the right foot with gapping at the osteotomy site." No interval callus noted. A diagnosis of nonunion to osteotomy fifth metatarsal was made. The physician recommends surgical intervention with bone grafting to the nonunion site. A bone stimulator was attempted to alleviate and/or speed up healing of patient's fracture, which was not successful. MTUS guidelines, chapter 14 page 374, advises that a 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. This patient has had x-rays taken which reveal a delayed union, with failure of hardware and continued gapping of the osteotomy site. For this reason I feel that patient does have clear clinical imaging evidence that has been shown to benefit in both the short and long term from surgical repair. I feel that this operative recommendation is warranted. Therefore the request is medically necessary.