

<b>Case Number:</b>	CM15-0083939		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, Oregon  
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 52 year old male, who sustained an industrial injury on 08/12/2014. He has reported injury to the right lower extremity. The diagnoses have included fracture of calcaneus, closed right; right subtalar post-traumatic arthritis; and right closed comminuted intra-articular calcaneus fracture, status post open reduction and internal fixation. Treatment to date has included medications, diagnostics, Cam Walker boot, splint, physical therapy, home exercise program, injection, and surgical intervention. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right foot pain; and the recent subtalar joint injection provided a few days of pain relief, and he is now back to baseline. Objective findings included no palpable motion across the subtalar joint; and mild tenderness over the hardware on the lateral aspect of the right heel. The treatment plan has included the request for outpatient removal of hardware, subtalar arthrodesis, local bone graft, right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient removal of hardware, subtalar arthrodesis, local bone graft, right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, ankle chapter.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of subtalar arthrodesis of the left foot. According to the ODG, Ankle section, fusion, criteria includes conservative care including casting, bracing and shoe modifications. In addition, pain must be present with weight-bearing and relieved with xylocaine injection. There must be malalignment and decreased range of motion with positive radiographic confirmation of loss of articular surface or bony deformity. Supportive imaging can include bone scan, MRI or CT. In this case there is insufficient evidence of malalignment therefore failing to satisfy the guideline criteria for fusion. Based on this the surgery is not medically necessary.