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| Case Number: | CM15-0084183 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 06/17/2013 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 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 56-year-old male, who sustained an industrial injury on 06/17/2013. The initial complaints or symptoms included a crush injury to the left foot. The injured worker was diagnosed as having comminuted fracture of the base of the 2nd and 3rd metatarsals. Treatment to date has included conservative care, medications, x-rays, and CT scans. Currently, the injured worker complains of constant left foot pain. Several documents within the submitted medical records are difficult to decipher. The diagnoses include status post left foot crushing injury with fracture of the base of the 2nd and 3rd metatarsals, neuromas of the 2nd and 3rd interspace of the left foot, plantar fasciitis, and painful gait. The request for authorization included an open reduction and internal fixation of the second and third metatarsals with a possible decompression or excision of the neuromas of the second and third interspace and ultimately for plantar fasciotomy of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open reduction and internal fixation of the second and third metatarsals, possible decompression or excision of the neuromas of the second and third interspace and ultimately for plantar fasciectomy of the left 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 (ODG-TWC), Ankle & Foot Procedure Summary: Open reduction internal fixation (ORIF); Surgery for plantar fasciitis.

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 surgery for ORIF of the metatarsals. ODG ankle and foot is referenced. Displaced or comminuted fractures are indicated for open reduction and internal fixation. In this case, the imaging reveals healed fractures; therefore, the request is not medically necessary.