

Case Number:	CM13-0035107		
Date Assigned:	12/13/2013	Date of Injury:	02/22/2010
Decision Date:	02/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, Sports Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old male who reported an injury on 02/22/2010. On 08/21/2012, the patient underwent a left foot triple arthrodesis. CT scan on 03/20/2013 revealed near-complete to complete osseous fusion across the posterior subtalar, talonavicular, and calcaneocuboid joints without evidence of hardware failure. However, on 07/02/2013, the patient underwent a right talonavicular arthrodesis with bone autograft and removal of hardware. The clinical note dated 09/18/2013 reported that the patient had complaints of 1/10 to 2/10 left foot pain. The patient was noted to be applying more than 50% of his weight to the left foot and was not wearing a CAM boot. The patient was ambulating with the use of a crutch. The physical examination of the right foot revealed mild swelling medially with tenderness and decreased range of motion. X-rays of the right foot revealed 25% of the medial talus was uncovered by navicular. The patient was recommended for a right foot surgical intervention and left ankle/foot physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right flexor digitorum to navicular tendon transfer, lengthening calcaneal osteotomy and gastrosoieus lengthening and tibial tenosynovectomy and bone auto graft versus allograft with femoral and popliteal nerve block: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Adult acquired flatfoot (pes planus).

Decision rationale: The request for surgical intervention is not supported at this time. The majority of the patient's treatment has been directed towards the left ankle/foot. There is a lack of documentation regarding an adequate trial of conservative care for the patient's right foot symptoms. Therefore, proceeding with surgical intervention would be premature at this time. Furthermore, there is a lack of an MRI or CT scan of the right ankle/foot to support the proposed surgical intervention. Given the lack of positive imaging, physical exam findings and failure of conservative care the proposed surgical intervention is not supported at this time.

3 month rental of wheelchair: 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 & Foot 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 & Foot Chapter, Wheelchair.

Decision rationale: The documentation submitted for review indicates that the patient is able to ambulate with crutch and CAM walker. As the concurrent request for right foot surgery was found to be noncertified, the need for a wheelchair would not be supported. As such, the request is noncertified.

12 sessions of physical therapy for left ankle and 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), Ankle & Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: The patient is 7 months status post most recent surgical intervention to the left ankle. The patient has completed sufficient formal physical therapy to date, and should be able to continue to improve with a self-directed, independent home exercise program. The request for 12 additional sessions of physical therapy for the left ankle and foot would not be supported at this time. Furthermore, based on the most recent clinical note, the claimant did not lack any range of motion with the left ankle/foot, other than 5 degrees of extension. Therefore, the request is noncertified at this time.

1 x-ray series of the right foot weight-bearing AP and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The patient has undergone a previous right foot x-ray. There is no rationale for repeating the x-ray. There is a lack of documentation of worsening right foot symptoms or failure of conservative care. As such, the request is noncertified at this time.