

<b>Case Number:</b>	CM14-0124545		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Occupational 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for a closed metatarsal fracture of the foot sustained in an industrial injury of June 23, 2014. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for what it described as an initially occult but later displaced fifth metatarsal fracture. The claims administrator seemingly based its denial on the fact that it was not provided with an official copy of the x-ray report and/or was not provided with an over-read radiology report. The applicant's attorney subsequently appealed, in an application dated July 12, 2014. In a doctor's first report dated July 11, 2014, the applicant was described as having sustained foot injury some three weeks prior. Severe pain, swelling, and inability to bear weight were reported. The applicant was unable to bear weight on his foot in the clinic setting. Tenderness and swelling were appreciated about the fifth metatarsal. X-rays demonstrated a fifth metatarsal fracture. The applicant was placed off of work, on total temporary disability, while surgical intervention was sought. In an earlier handwritten doctor's first report dated July 2, 2014, the earlier primary treating provider (PTP) had interpreted x-rays of the ankle as negative but apparently did not perform x-rays of the foot. An ankle support, cold pack, Motrin, and Norco were dispensed. There was no discussion of any medical comorbidity on this date. In an applicant questionnaire dated July 2, 2014, the applicant's treating provider commented that the applicant had a negative past medical and negative past surgical history. The applicant did state that he consumed alcohol. The applicant stated that he drank three to five times weekly. The applicant stated that he had no medical history but stated that his mother was diabetic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open Reduction Internal Fixation of the 5th Metatarsal of the Left Foot: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378, 374.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Algorithm 14-1, page 378, arranging "appropriate treatment" or consultation is recommended in applicants who have evidence of serious disease, such as red flags for ankle or foot fracture, as appears to be the case here. The applicant's podiatrist has read the applicant's foot x-rays as demonstrating a fifth metatarsal fracture, reportedly displaced. The applicant is having difficulty ambulating. The applicant has swelling about the foot and ankle. As further noted in ACOEM Chapter 14, page 374: "Imaging findings should be correlated with physical findings." In this case, the clinical presentation is consistent with that of a fifth metatarsal fracture, although it is acknowledged that it does not appear that the podiatrist has sent the x-rays of the foot and ankle in question for radiology over-read, nor has the applicant's podiatrist provided a copy of an independently interpreted radiology report. Nevertheless, on balance, the information on file, namely the difficulty weight bearing, pain and swelling about the fifth metatarsal, usage of crutches, etc., is compatible with a diagnosis of fifth metatarsal fracture for which an ORIF surgery is indicated. Therefore, the request is medically necessary.