

Case Number:	CM14-0129255		
Date Assigned:	09/08/2014	Date of Injury:	10/04/2011
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal 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 patient is an injured worker with a diagnosis of delayed union of right talonavicular joint fusion, with associated posterior tibial tendon synovectomy. The patient has a history of a talonavicular joint fusion that was performed on 9/2013. The patient has a delayed union. The patient has been treated with a bone growth stimulator. Date of injury was 10-04-2011. Orthopedic report dated April 28, 2014 documented subjective complaints of occasional swelling in the right foot. She states that she is utilizing the bone stimulator. Radiographs and fluoroscopy of the talonavicular joint are viewed. Three screws are noted across the talonavicular joint. Full consolidation at the fusion site is not noted. Doppler of the right foot is obtained. Mild soft tissue swelling and synovitis is noted along the talonavicular fusion site. Artifact consistent with hardware is noted. Doppler of the right foot is obtained and shows moderate bursitis at the talonavicular fusion site. No deep vein thrombosis is noted. Physical examination of the right foot demonstrated mild soft tissue swelling at the fusion site. Ankle dorsiflexion 0 to 40 degrees. Plantar flexion 0 to 40 degrees. Ankle eversion 0 to 20 degrees. Ankle inversion 0 to 20 degrees. Strength was 5/5 dorsiflexion, 5/5 plantar flexion, 4/5 inversion, 5-/5 eversion. Normal sensation of the dorsal and plantar surfaces of the foot was demonstrated. Circulation examination demonstrated warm, pink distally with good capillary refill. Diagnosis was delayed union of right talonavicular joint fusion, with associated posterior tibial tendon synovectomy. Progress report dated 3/18/14 documented that doppler of the right lower extremity was obtained and showed no deep vein thrombosis. Progress report dated 2/25/14 documented that doppler of the right lower extremity was obtained and showed no deep vein thrombosis. Utilization review determination date was 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the right foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging of the ankle and foot. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints states that imaging may be indicated to clarify the diagnosis. ACOEM 3rd edition (2011) states that X-ray is recommended for foot fractures. Medical records documented delayed union of right talonavicular joint fusion, with associated posterior tibial tendon synovectomy. Full consolidation at the fusion site was not noted. X-ray is medically necessary to evaluate the delayed union of right talonavicular joint fusion. Therefore, the request for X-Rays of the right foot is medically necessary.

Repeat ultrasound of the right foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging of the ankle and foot. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints states that imaging may be indicated to clarify the diagnosis. ACOEM 3rd edition (2011) states that ultrasound for evaluation of soft-tissue injury associated with fractures is recommended. Medical records documented delayed union of right talonavicular joint fusion, with associated posterior tibial tendon synovectomy. Full consolidation at the fusion site was not noted. Ultrasound is medically necessary to evaluate the delayed union of right talonavicular joint fusion. Therefore, the request for repeat ultrasound of the right foot is medically necessary.

Repeat doppler of the right foot/leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 363.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR) Bibliographic Source: Hanley M, Donahue J, Rybicki FJ, Dill KE, Bandyk DF, Francois CJ, Gerhard-Herman MD, Kalva SP, Mohler ER III, Moriarty JM, Oliva IB, Schenker MP, Strax R, Weiss C, Expert

Panel on Vascular Imaging. ACR Appropriateness Criteria ® suspected lower-extremity deep vein thrombosis. [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 6 p. Guideline.gov Institute for

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address doppler duplex ultrasound. American College of Radiology (ACR) states that ultrasound is widely recognized as the preferred imaging modality for the diagnosis of proximal deep vein thrombosis (DVT). Institute for Clinical Systems Improvement (ICSI) states that ultrasound is used to confirm the diagnosis of lower extremity DVT deep vein thrombosis with imaging study, preferably duplex ultrasound. The orthopedic progress report dated April 28, 2014 documented that no deep vein thrombosis was noted on doppler. Progress report dated 3/18/14 documented that doppler of the right lower extremity was obtained and showed no deep vein thrombosis. Progress report dated 2/25/14 documented that doppler of the right lower extremity was obtained and showed no deep vein thrombosis. Progress reports dated 2/25/14, 3/18/14, and 4/28/14 documented that doppler of the right lower extremity showed no deep vein thrombosis. Because there is no objective evidence of DVT deep vein thrombosis, a repeat doppler ultrasound of the right lower extremity is not medically necessary. Therefore, the request for repeat doppler of the right foot/leg is not medically necessary.