MAXIMUS Federal Services

Case Number:	CM14-0134093		
Date Assigned:	08/25/2014	Date of Injury:	07/25/2010
Decision Date:	10/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopaedic Surgery, 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:

This 61-year-old female sustained an industrial injury on 7/25/10. The mechanism of injury was not documented. The patient sustained a right calcaneal fracture and underwent open reduction and internal fixation. The 2/27/14 treating physician report indicated that it had been close to a year since her last evaluation. She was using one to two Vicodin 5/500 mg pills a day for pain. She was not wearing her brace as it did not fit properly and rubbed against the medial navicular tuberosity. When she wore her brace it made her foot feel better. Physical exam documented some swelling and tenderness over the navicular tuberosity, and some pain over the calcaneal plate laterally. There was limited and painful range of motion of the subtalar joint. The diagnosis was subtalar arthritis. Treatment options included bracing and narcotic analgesia versus a subtalar fusion. The 4/28/14 treating physician note indicated the patient wished to proceed with surgery. The brace and cane had not really relieved her pain significantly, and pain was getting worse. Physical exam documented painful subtalar range of motion and pain to palpation of the subtalar joint. X-rays showed what looked like some calcaneal cuboid arthritis as well as some subtalar joint arthritis. The treatment plan recommended a subtalar calcaneal cuboid fusion. The 6/12/14 treating physician note indicated that patient had difficulty getting around and her use of narcotic analgesia was increasing. The patient had tried physical therapy, anti-inflammatory medications, and steroid injections without success. Surgery was again requested. The 7/30/14 utilization review denied the request for right double versus triple arthrodesis as there was insufficient documentation of prior treatment and lack of x-ray or MRI showing severe post-traumatic arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right double vs. triple arthrodesis foot and ankle: 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 and Foot; and ODG Indications for Surgery - Ankle Fusion

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, Fusion (arthrodesis)

Decision rationale: The California MTUS guidelines do not provide recommendations for foot and ankle arthrodesis. The Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non- or malunion of a fracture. The ODG do not support subtalar fusion, except for stage 3 or 4 adult acquired flatfoot. Guideline criteria have not been met. There is no detailed documentation indicating that a diagnostic injection test was positive or that the patient had malalignment. There are limited radiographic findings documented and no formal x-ray report available for review. There is no detailed documentation that the patient had resumed use of an appropriately fitted bracing or was currently using anti-inflammatory medications. Therefore, this request is not medically necessary.