

Case Number:	CM14-0162039		
Date Assigned:	10/07/2014	Date of Injury:	07/05/2013
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic 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:

The claimant is a 39-year old landscaper who sustained a foot injury when he slipped in a hole on 07/05/13. The office note dated 06/05/14 documented that imaging revealed a deformity of left foot of the first cuneiform with an irregular contra-dorsal and medial sided cuneiform. There were some arthritic changes in the first cuneiform navicular joint and a formal report noted that it did not appear to be healed with regard to the first cuneiform. The report of a CT scan of the left foot from 03/07/14, showed findings compatible subacute to chronic fracture of the cuneiform of the left foot. The involvement of the medial cuneiform is at the site of Lisfranc ligament and this would be highly suspicious for Lisfranc ligament injury. There is also dorsal migrate of the basis of the second and third metatarsals. In view of possible ligamentous injuries, MRI was recommended. The office note from 09/05/14, noted the claimant continued to have pain with after being braced in orthotics. He was anxious to proceed with surgical intervention given his ongoing pain. Physical examination revealed pain at the mid-foot on the left side. He had pain along the medial cuneiform navicular joint in the cuneiforms. There was pain with dorsal flexion and plantar flexion of the metatarsal cuneiform joints. Sharp, dull, and light touch were intact. He did have numbness at the top of the foot and through his digits. The claimant was noted to be diabetic. Dorsalis pedis pulse 2/4 bilaterally. He had 5/5 strength to the right foot and 3/5 of the left foot. He had He had 12 degrees with dorsal flexion and 40 degrees of plantar flexion at the ankles bilaterally. The claimant was given a diagnosis of comminuted fracture of the middle medial and lateral cuneiforms with subluxation in the second and third metatarsals of the left foot. Surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: fusion of the mid-foot with internal fixation: 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): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Foot and Ankle chapter: Fusion (arthrodesis) and Lisfranc injury (surgery)

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines would support the request for outpatient fusion of the mid foot with internal fixation as medically necessary. The claimant has ongoing complaints of pain since his injury despite conservative treatment. Official Disability Guidelines note especially with regards to Lisfranc injuries of which the documentation suggests this is most of these injuries require open reduction with internal fixation and temporary screw or Kirschner wire fixation. Surgery is recommended for all fractures in the joint/mid-foot or with abnormal positioning of the joints. The claimant has subjective complaints, abnormal physical examination findings, and the diagnostic studies identify a mid-foot injury with displacement, probable Lisfranc injury. Therefore, based on documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines request for surgical intervention in the form of internal fixation and fusion of the mid-foot would be considered medically reasonable.