

Case Number:	CM14-0111632		
Date Assigned:	08/01/2014	Date of Injury:	12/16/2008
Decision Date:	07/13/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 male sustained an industrial injury to the right ankle and foot on 12/16/08. Previous treatment included right subtalar arthrodesis with calcaneal osteotomy (4/5/11), physical therapy, bone stimulator, boot and medications. In a progress note dated 6/20/14, the injured worker complained of persistent to progressive varus positioning of the right foot and ankle with instability as well as persistent pain along the ankle and hind foot with feelings of weakness. The injured worker's daughter reported that he often grabbed onto her to keep from falling. Physical exam was remarkable for intact pulses, sensation and motor to the right ankle with restricted range of motion. The injured worker stood with varus positioning of the right foot and ankle and walked with a residual limp. X-rays showed solid fusion of the subtalar joint with evidence of arthritis in the right ankle and some varus positioning of the talus. Current diagnoses included right foot and ankle peroneal tendon injury with varus deformity status post subtalar fusion. The treatment plan included osteotomy of tibia and fibula with allograft with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Osteotomy of tibia and fibula with allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Fusion.

Decision rationale: The documentation from 10/10/2014 indicates subjective complaints of pain, swelling, and instability of the right foot and ankle. He had persistent varus deformity dating back to the initial injury and the surgery of 3/25/2010 with findings of synovitis, grade 3 chondromalacia and lateral impingement in the right ankle with peroneus longus tendinosis for which he underwent synovectomy, chondroplasty, and debridement of peroneus longus tendon and peroneus longus to brevis tendon transfer. In light of persistent pain and varus deformity revision surgery was performed with subtalar arthrodesis and lateral translational osteotomy of the calcaneus on 4/25/2011. He developed progressive arthritis and varus deformity of the tibiotalar joint resulting in progressive varus deformity of the hindfoot, residual pain and feeling of instability. The fusion failed to heal and he underwent a revision of the fusion procedure and tenolysis on 10/9/2012. Eventually a solid union of the subtalar fusion was achieved. However, he continued to have persisting pain in the ankle joint associated with varus deformity, feeling of instability and frequent falls. The brace caused irritation along the lateral aspect of his ankle. He is using a cane. Additional surgery was offered with osteotomy of the tibia and fibula in the supramalleolar area with an opening wedge of the tibia to correct the varus deformity of the foot. Utilization Review noncertified the surgery for lack of physical therapy although he obviously had a prolonged course of physical therapy in the past over the course of his treatment. On examination he had a 5 varus positioning of the right heel compared to the left side which was in 5 of valgus. X-rays have revealed varus positioning of the talus in the ankle mortise with narrowing of the tibiotalar joint space to 1-2 mm medially consistent with degenerative arthritis. In the presence of a solid subtalar fusion, the source of pain is likely the ankle joint and a supramalleolar osteotomy to correct the hindfoot varus is not likely to relieve the pain from the osteoarthritic ankle joint. Furthermore, in light of the history of smoking and the location of the osteotomy, delayed union or nonunion is likely with further stiffness of the ankle. A follow-up examination of 3/30/2015 is noted. The injured worker was using an air stirrup ankle brace and it was worn out. Authorization was requested for a new brace. 6 physical therapy visits were also recommended for strengthening, range of motion, gait training and proprioception. California MTUS guidelines recommend surgical considerations for clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The injured worker clearly has a deformity and associated degenerative joint disease of the ankle due to hindfoot varus and associated talar tilt. The injured worker has had multiple surgical procedures and is likely to need an ankle fusion in the future. Documentation indicates that he did not wish to appeal the denial of the supramalleolar osteotomy. The varus deformity can be corrected at the time of the ankle fusion which is inevitable. Nonoperative treatment with physical therapy, bracing, and corticosteroid injections is likely to result in symptomatic relief until he has the fusion. ODG criteria for an ankle fusion include conservative care such as casting, bracing, shoe modification or other orthotics or anti-inflammatory medications plus subjective clinical findings of pain which is aggravated by activity and weight bearing and relieved by Xylocaine injection plus objective clinical findings of malalignment and decreased

range of motion plus imaging clinical findings of positive x-ray confirming the presence of loss of articular cartilage (arthritis) or bone deformity or malunion of a fracture. In light of the foregoing, the request for a supramalleolar osteotomy with allograft is not supported and the medical necessity of the request has not been substantiated.

1 Surgery assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are medically necessary.

12 postoperative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are medically necessary.

Percocet 5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are medically necessary.

Keflex 500mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are medically necessary.