MAXIMUS Federal Services

Case Number:	CM14-0198890		
Date Assigned:	01/09/2015	Date of Injury:	06/04/2014
Decision Date:	05/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 59-year-old female who reported injury on 06/04/2014. The diagnoses included closed fracture of the metatarsal bone on the left; nonunion of fracture, left; tenosynovitis of foot and ankle, left; hallux rigidus, left; severe left foot sprain; left fifth metatarsal base fracture nonunion; pre-existing left hallux rigidus exacerbated by hyper flexion injury; and left peroneus brevis tenosynovitis versus partial tear. The mechanism of injury was the injured worker was walking across a parking lot to her disabled truck to retrieve paperwork, when she stepped on a pile of pine needles, rolled her foot outward, heard a pop, and twisted her ankle. Prior therapies included occupational therapy. The injured worker underwent 3 views of the left ankle on 06/04/2014, which revealed a slightly displaced fracture at the base of the fifth metatarsal. The injured worker underwent an MRI of the left forefoot without contrast on 10/24/2014, which revealed a fracture at the base of the fifth metatarsal, with no evidence of bony fusion. There was a suggestion of a mild frictional marrow edema at the opposing surface of the fracture site. There is mild edema at the base of the third metatarsal bone; the dorsal aspect of the lateral cuneiform, and the cuboid bone without fracture. It was indicated these findings could be related to altered mechanics. There was severe degenerative osteoarthritis metatarsophalangeal joint big toe. There were degenerative changes at the metatarsal sesamoid complex at this level. There was mild tenosynovitis in the distal aspect of the peroneus brevis tendon, without tendon tear or retraction. There was a small plantar calcaneal spur. The injured worker underwent an x-ray of the left foot on 07/25/2014, which revealed degenerative changes at the first MTP joint. There was a healing fracture at the base of the fifth metatarsal. The most

recent PR-2 was dated 10/21/2014. The diagnosis was a left foot fracture. The injured worker was noted to continue to struggle with limitations due to persistent pain. The injured worker was to receive a referral for left foot pain. The injured worker underwent an x-ray of the left foot on 07/25/2014, which revealed a fifth metatarsal fracture line that was still partially visible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Fifth Tarsometatarsal Joint Arthrotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to decrease range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that had been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the duration and failure of conservative care specifically for the ankle/foot. The MRI indicated that the injured worker had a fracture at the base of the fifth metatarsal bone with no evidence of bony fusion. However, there was no physician documentation requesting surgical intervention with objective findings. Given the above, the request for left fifth tarsometatarsal joint arthrotomy is not medically necessary.

Left Fifth Metatarsal Partial Excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to decrease range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that had been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the duration and failure of conservative care specifically for the ankle/foot. The MRI indicated that the injured worker had a fracture at the base of the fifth metatarsal bone with no evidence of bony fusion. However, there was no physician documentation requesting surgical intervention with objective findings and documented rational for the partial excision. Given the above, the request for left fifth metatarsal partial excision is not medically necessary.

Left Fifth Peroneus Brevis Tenosynovectomy: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to decrease range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that had been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the duration and failure of conservative care specifically for the ankle/foot. The MRI revealed the injured worker had mild tenosynovitis in the distal aspect of the peroneus brevis tendon without tendon tear or retraction. However, there was no physician documentation requesting surgical intervention with objective findings and documented rationale for the surgical intervention. Given the above, the request for left fifth peroneus brevis tenosynovectomy is not medically necessary.

Left Fifth Metatarsophalangeal Joint Cheilectomy: 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): 374-375.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to decrease range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that had been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the duration and failure of conservative care specifically for the ankle/foot. The MRI revealed a small plantar calcaneal spur. However, there was no physician documentation requesting surgical intervention with objective findings and rationale for the cheilectomy. Given the above, the request for left fifth metatarsophalangeal joint cheilectomy is not medically necessary.

Possible Left Peroneus Brevis Repair of Partial: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month without signs of functional improvement, failure of an exercise program to decrease range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that had been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of the duration and failure of conservative care specifically for the ankle/foot. The MRI revealed the injured worker had mild tenosynovitis in the distal aspect of the peroneus brevis tendon without tendon tear or retraction. However, there was no physician documentation requesting surgical intervention with objective findings and documented rationale for the surgical intervention. Given the above, the request possible left peroneus brevis repair of partial is not medically necessary.

Pre-Operative Labs (CBC, UA, basic metabolic panel): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Physical Therapy (6-sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

Post-Operative Medication Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Medication Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Wheelchair or Knee Scooter (12-week rental): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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