

<b>Case Number:</b>	CM14-0213619		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 year old male status post industrial injury on 9/27/13. Exam note 10/23/14 demonstrates ongoing left foot and ankle pain. Tenderness is noted over the sinus tarsi and eversion and inversion. CT scan 3/14/14 demonstrates no evidence of fracture or osteonecrosis. MRI 11/18/14 demonstrates tibiotalar subchondral thinning and a healed talar neck fracture. There are mild degenerative changes of the posterior facet of the subtalar joint. Request is made for subtalar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open Subtalar Joint Arthrodesis left ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Fusion

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of subtalar arthrodesis of the left foot. According to the ODG, Ankle section, fusion, criteria includes conservative care including casting, bracing and shoe modifications. In addition, pain must be present with weightbearing and relieved with xylocaine injection. There must be malalignment and decreased range of motion with positive radiographic confirmation of loss of articular surface or bony deformity. Supportive imaging can include bone scan, MRI or CT. In this case there is insufficient evidence of failure of conservative management from the notes from 10/23/14. In addition the MRI scan demonstrates a healing fracture without obvious malalignment. There is no evidence of intra-articular injection for diagnostic purposes. Therefore determination is for not medically necessary and appropriate.

**Pre-Op Labs:** 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-Op Chest X-Ray:** 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.