

Case Number:	CM15-0004807		
Date Assigned:	01/16/2015	Date of Injury:	01/09/1996
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Neurological 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 66 year old female former correctional deputy sheriff sustained a slip and fall industrial injury on 1/9/96. She has reported injury to bilateral feet, ankles, knees and left shoulder. The diagnoses have included primary osteoarthritis of lower leg, pain lower leg joint, primary osteoarthritis ankle and foot, pain in soft tissues of limb, supraspinatus sprain and strain and primary osteoarthritis of shoulder region. Treatment to date has included 7 surgeries to the feet, medications, physical therapy and injection to the left foot joint, 3 arthroscopies to right knee, two to left and a left shoulder total replacement with rotator cuff repair. She has been on multiple medications including gabapentin 300 mg at night. Other past medical history includes hernia repair, hysterectomy and breast augmentation. X-rays and (MRI) magnetic resonance imaging have been performed. Currently, the IW complains of bilateral foot pain and inability to ambulate greater than a block; she states her symptoms are stable and not improving with time. On exam, tenderness is noted to the lateral midfoot centered over the 5th metatarsocuboid joint as well as over the talofibular joint, also pain with passive eversion of the hind foot to the talofibular joint area; otherwise normal range of motion. On 12/26/14 Utilization Review non-certified left fifth metatarsocuboid joint interpositional arthroplasty and left talofibular resection arthroplasty, noting arthritic changes throughout the foot with no explanation as to why the surgery is at that particular joint and there is no documentation of a diagnostic therapeutic injection to this joint to identify it as the pain generator. The MTUS, ACOEM Guidelines, was cited. On 1/5/15, the injured worker submitted an application for IMR for review of left fifth metatarsocuboid joint interpositional arthroplasty and left talofibular resection arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 5th metatarsocuboid joint interpositional arthroplasty and left talofibular resection arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Surg Orthop Adv 2012 Fall; 21 (3): 126-31. Department of orthopedic Surgery, Duke University Medical Center

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and foot chapter- ankle sprain, arthroplasty and focal joint resurfacing

Decision rationale: ODG guidelines do not recommend lateral ligament ankle reconstruction in the absence of a positive anterior drawer test and positive stress x-rays identifying motion at the ankle or subtalar joint. Documentation does not provide evidence of this. The guidelines note that evidence does not endorse the choice of surgery over conservative treatment. Surgery on a Jones fracture Type 1 of the fifth metatarsal is not recommended. Evidence is not presented that the metatarsocuboid dysfunction is not a Torg III lesion either. The ODG guidelines note focal joint resurfacing is not recommended for any other toe joint than the first metatarsophalangeal. Thus the requested treatment: Left 5th metatarsocuboid joint interpositional arthroplasty and left talofibular arthroplasty is not medically necessary and appropriate.