

Case Number:	CM15-0115703		
Date Assigned:	06/24/2015	Date of Injury:	10/02/2014
Decision Date:	09/09/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona

Certification(s)/Specialty: 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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 10/02/2014 secondary to a stack of metal landing on top of left foot resulting in fractures of the first metatarsal. On provider visit dated 05/15/2015 the injured worker has reported left foot pain. On examination of the left foot revealed swelling and edema to the left foot with exostosis due to hypertrophic bone callus causing pain. The diagnoses have included nonunion of the first metatarsal of the left foot with bone callus formation, neuritis of the medial dorsal cutaneous nerve and painful gait. Treatment to date has included high top boots for stabilization. The MRI of left toes on 04/07/2015 revealed abnormal signal in the mid shaft and base of the first metatarsal with marrow edema and suspicion of a non-displaced fracture, trace joint fluid surround the tarsal bones and mild tenosynovitis of the flexor hallucis longus tendon and peroneal longus/brevis tendon. The provider requested ORIF (open reduction /internal fixation) 1st metatarsal of left foot, exostectomy of bone callus of 1st metatarsal, decompression of medial dorsal cutaneous nerve and assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORIF (open reduction /internal fixation) 1st metatarsal of Left Foot, exostectomy of bone callus of 1st metatarsul, decompression of medial dorsal cutaneous nerve: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Open reduction /internal fixation (ORIF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Podiatry Institute. Metatarsal Fracture Treatment. Chapter 16. Page 73.
http://www.podiatryinstitute.com/pdfs/Update_2012/2012_16.pdf.

Decision rationale: Any instability or loss of normal position of the first metatarsal requires surgical treatment. Preservation of the position of the first metatarsal head in regard to the lesser metatarsals is paramount. The firstmetatarsal-cuneiformjoint can be sacrificed with primary arthrodesis for position and stability with little loss to the effect of the forefoot function. The fracture pattern determines the method of fixation. Simple fractures are typically treated with lag screw fixation after open reduction. Buttress plating with screw fixation can be utilized for diaphyseal fractures. If comminution is present, and lag screw technique is not possible, bridge plating can be used or external fixation may be required to protect the soft tissue envelope. The goal for treating these fractures is to establish length, position, and minimize further soft tissue damage. As the podiatrist note from May, 2015 report's findings on the MRI and the note documents a nonunion of the first metatarsal fracture, open reduction and internal fixation of first metatarsal of left foot is appropriate and medically necessary. There is not adequate literature regarding exostectomy of bone callus of first metatarsal and decompression of medial dorsal cutaneous nerve. Therefore, these procedures appear to be necessary based on podiatrist assessment along with the ORIF of first metatarsal for the patient's pain. The prior utilization review is overturned.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Physician Fee Schedule.

Decision rationale: Indicates services where an assistant at surgery is never paid for per Medicare Claims Manual. Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity. Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid. Payment restriction for assistants at surgery does not apply to this. Assistant at surgery may be paid. Concept does not apply. The proposed ORIF first metatarsal is CPT code 28485, which lists the assistant as: Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid. The treating physician note states that the assistant is needed because fluoroscopy is used in this case. However, no CPT codes for the procedure and use of fluoroscopy were provided. So, CPT code 28485 was used. Therefore,

the surgical assistant is not medically appropriate or necessary and the prior utilization review is upheld.