

<b>Case Number:</b>	CM15-0121983		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California, Indiana, Oregon  
 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 74 year old female sustained an industrial injury to the left ankle on 5/16/03. X-rays left ankle (4/13/15) showed subluxation at the talonavicular joint. Previous treatment included injections, laser treatments, orthotics, bracing and medications. In a progress note dated 4/13/15, the injured worker complained of left ankle pain rated 5-9/10 on the visual analog scale. The injured worker was wearing a tennis shoe with a custom orthotic that helped keep her foot from rolling her ankle all the way. The injured worker reported that the tennis shoe with orthotic was the only type of shoe she could wear. Physical exam was remarkable for tenderness to palpation to the lateral sinus tarsi with marked pes plano valgus and no heel rise strength on the left. Current diagnoses included tibialis posterior rupture, subluxation of foot joint and talipes. The treatment plan included subtalar arthrodesis with MBA implant left instead of the fusion of TNJ with associated postoperative services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subtalar arthrodesis with MBA implant left instead of the fusion of TNJ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**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 no malalignment of the subtalar joint evidenced in the images provided for review. Based on this the request is not medically necessary.

**Rental of Pain Pump postoperatively due to weak left shoulder for 12 weeks:** Upheld

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

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

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

**Rental of Scooter postoperatively due to weak left shoulder for 12 weeks:** Upheld

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

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

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