

Case Number:	CM15-0049559		
Date Assigned:	03/23/2015	Date of Injury:	09/30/2014
Decision Date:	05/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: Minnesota, Florida
 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:

The injured worker is a 36-year-old male with a date of injury of 9/30/2014. He is 66 inches tall and weighs 246 pounds. He was getting out of a truck and landed on the right foot. He initially felt some pain, which gradually got worse. An x-ray of the right foot obtained on 10/1/2014 was said to reveal no acute findings. The handwritten notes of that day include a diagram of the right foot indicating tenderness between the fourth and fifth metatarsals on the dorsum of the foot. The notes document hypertension with a blood pressure of 190/120 that day. The documentation indicates an MRI scan of the right foot was obtained on 11/3/2014. The report indicates that a marker had been placed in the region of the pain on the dorsal aspect of the proximal's shaft of the second metatarsal. The report does not indicate any bone edema or evidence of a fracture, contusion, or avascular necrosis. There was no evidence of osteomyelitis. The visualized portions of the tendons were unremarkable. The impression was: No abnormality identified to explain the patient's dorsal foot pain at the level of the proximal shaft of the second metatarsal. No tendon or ligament tear identified. An initial foot and ankle evaluation of December 16, 2014 is noted. The examiner noted absence of objective pathology and recommended conservative treatment with physical therapy, supportive shoe gear and avoiding barefoot walking or use of sandals. An injection was recommended but the IW declined. A follow-up note of January 6, 2015 indicates an injection was given into the first interspace in the area of the tarsometatarsal joint using a corticosteroid preparation and lidocaine. On 2/17/2015, progress notes indicate symptoms in the tarsometatarsal joint. He was ambulatory with a cane and noted

occasional pain mostly with prolonged walking. Examination revealed tenderness at the dorsum of the second tarsometatarsal joint. The plan was for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Debridement/Exploration at the Tarsometatarsal Joint First and Second and Possible Fusion of Arthrodesis: Upheld

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 (Acute & Chronic), Lisfranc Injury (surgery).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Lisfranc's Injury.

Decision rationale: The injured worker has pain in the area of the Lisfranc's joint at the base of the second metatarsal. However, there is no imaging evidence of injury to that joint. California MTUS guidelines indicate referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case, although the patient complains of pain at the Lisfranc's joint, there is no objective evidence of trauma to the joint. In particular, the x-rays and MRI scan do not corroborate the clinical findings. Therefore, the guideline recommendations have not been met. ODG guidelines recommend surgery for a fracture in the joints of the midfoot or abnormal positioning of the joints. The Lisfranc's fracture is an injury of the foot in which one or all of the metatarsal bones are displaced from the tarsus. Direct injuries are usually caused by heavy object crushing the midfoot such as when the foot is run over by a car or after a fall. Indirect Lisfranc's injuries are caused by sudden rotational force on a plantar flexed forefoot such as from windsurfing or snowboarding bindings. If there are no fractures in the joint and the dislocation is less than 2 mm and the ligaments are not completely torn nonsurgical treatment may be considered including a non-weight bearing cast for 6 weeks. For most Lisfranc's injuries, open reduction with internal fixation and temporary screw or Kirschner wire fixation is recommended. The documentation provided does not indicate any fracture in this case. There is no contusion of the bone or evidence of a ligamentous injury of the Lisfranc's joint on the MRI scan. The imaging studies do not suggest a Lisfranc's injury. The requested treatment is arthrodesis of the Lisfranc's joint, which is not supported by guidelines as there is no objective evidence of trauma to the Lisfranc's joint or objective evidence of degenerative change in the Lisfranc's joint. A satisfactory trial of orthotic devices has not been documented. The imaging studies do not corroborate with the clinical findings. As such, the request for arthrodesis of the Lisfranc's joint is not supported and the medical necessity of the request has not been substantiated.

Post Operative physical Therapy (12 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.