

Case Number:	CM15-0063471		
Date Assigned:	04/09/2015	Date of Injury:	08/15/2012
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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 61 year old male who sustained an industrial injury on 8/15/12. The injured worker reported symptoms in the right foot. The injured worker was diagnosed as having ankle pain, closed calcaneus fracture and nerve impingement: possible right tarsal tunnel syndrome. Treatments to date have included activity modification, steroid injections, and callus debridement. Currently, the injured worker complains of right foot pain. The plan of care was for one fusion of the subtalar joint and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One fusion of the subtalar joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Ankle fusion.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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. The documentation provided does not indicate presence of such a lesion. ODG guidelines indicate that intertarsal or subtalar fusion is not supported except for stage III or 4 adult acquired flatfoot. To treat nonunion or malunion of a fracture or traumatic arthritis secondary to injury to the affected joints, the guidelines indicate conservative care with immobilization or anti-inflammatory medications plus subjective clinical findings of pain aggravated by activity and weight-bearing and relieved by Xylocaine injection plus malalignment and decreased range of motion plus positive x-ray confirming presence of loss of articular cartilage or bone deformity or nonunion of a fracture or malunion of a fracture, supportive imaging could include bone scan to confirm localization or MRI or tomography. However, the guidelines are specific in that a subtalar fusion is not supported except for stage III or 4 adult acquired flatfoot. As such, the request for a subtalar fusion is not supported and the request is not medically necessary.