

Case Number:	CM15-0069697		
Date Assigned:	04/17/2015	Date of Injury:	05/20/2014
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 female, who sustained an industrial injury on 05/20/2014. The initial complaints or symptoms included right foot pain and left thumb pain. The injured worker was diagnosed as having possible Lisfranc's fracture. Treatment to date has included conservative care, medications, x-rays, MRIs, right foot surgery (06/16/2014), The diagnosis was Lisfranc's injury to right foot with rupture of the Lisfranc's ligament, and fracture of the first cuneiform bone in the right foot. Open reduction and internal fixation was carried out but the post-operative radiology reports have not been submitted. Currently, the injured worker complains of increased right foot pain and difficulty walking. The treatment plan consisted of fusion of the first and second metatarsocuneiform joint of the right foot and fusion of the intercuneiform joints of the right foot. Imaging studies proving the need for this surgery have not been submitted. There is no radiology report documenting malunion, non-union, subluxation of the Lisfranc's joint or osteoarthritis to support the request for surgery. The request was non-certified by utilization review citing CA MTUS and ODG guidelines. This is now appealed to an independent medical review; however, recent imaging studies have not been provided to support the surgery request.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUSION OF THE 1ST AND 2ND METCUNEIFORM JOINT RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES / ACOEM SURGICAL CONSULTS PAGE 374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Fusion, Lisfranc's injury.

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 5/20/2014. She is status post open reduction and internal fixation of Lisfranc's fracture, right foot on 6/16/2014. The preoperative MRI scan of the right foot dated 6/11/2014 revealed mild osteoarthritis of the first metatarsophalangeal joint, minimally displaced, comminuted intra-articular fracture of the medial cuneiform extending to the naviculocuneiform and tarsometatarsal joints with a 3 mm ossific fragment at the attachment of the Lisfranc's ligament consistent with an avulsion fracture. The documentation submitted indicates that the x-rays of the right foot obtained on 5/20/2014 and again on 5/27/14 did not show any fractures, dislocations, or arthritic changes. The MRI scan did not show any subluxation of Lisfranc's joint. The injured worker complains of pain in the foot. Radiology reports pertaining to any recent imaging studies have not been submitted. ODG guidelines do not recommend intertarsal or subtalar fusion except for stage III or 4 adult acquired flatfoot. For Lisfranc's injury surgery is recommended when there is 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 a 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 plantarflexed forefoot. Surgery is recommended for all injuries with a fracture in the joints of the midfoot or with abnormal positioning of the joints. If there is severe posttraumatic arthritis of the joint fusion may be recommended. The documentation provided does not include a radiology report indicating malunion or subluxation of the joint. There is no documentation of osteoarthritis of the joint or bone deformity or nonunion or malunion of the fracture. As such, fusion of the first and second metatarsal cuneiform joint and fusion of the inter-cuneiform joints of the right foot is not recommended by guidelines and the request is not medically necessary.

FUSION OF THE INTERMEDIATED MEDIATE CUNEIFORM JOINTS RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES / ACOEM SURGICAL CONSULTS PAGE 374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Fusion, Lisfranc's injury.

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 5/20/2014. She is status post open reduction and internal fixation of Lisfranc's fracture, right foot on 6/16/2014. The preoperative MRI scan of the right foot dated 6/11/2014 revealed mild osteoarthritis of the first metatarsophalangeal joint, minimally displaced, comminuted intra-articular fracture of the medial cuneiform extending to the naviculocuneiform and tarsometatarsal joints with a 3 mm ossific fragment at the attachment of the Lisfranc's ligament consistent with an avulsion fracture. The documentation submitted indicates that the x-rays of the right foot obtained on 5/20/2014 and again on 5/27/14 did not show any fractures, dislocations, or arthritic changes. The MRI scan did not show any subluxation of Lisfranc's joint. The injured worker complains of pain in the foot. Radiology reports pertaining to any recent imaging studies have not been submitted. ODG guidelines do not recommend intertarsal or subtalar fusion except for stage III or 4 adult acquired flatfoot. For Lisfranc's injury surgery is recommended when there is 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 a 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. Surgery is recommended for all injuries with a fracture in the joints of the midfoot or with abnormal positioning of the joints. If there is severe posttraumatic arthritis of the joint fusion may be recommended. The documentation provided does not include a radiology report indicating malunion or subluxation of the joint. There is no documentation of osteoarthritis of the joint or bone deformity or nonunion or malunion of the fracture. As such, fusion of the first and second metatarsal cuneiform joint and fusion of the inter-cuneiform joints of the right foot is not recommended by guidelines and the request is not medically necessary.