

Case Number:	CM15-0070844		
Date Assigned:	04/20/2015	Date of Injury:	06/28/2013
Decision Date:	06/25/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/14/2015

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: Illinois, California, Texas 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 48-year-old male who sustained an industrial injury on 6/28/13. Injury occurred while out walking in agricultural fields and he slipped and fell, injuring his right foot and ankle. Past medical history was positive for diabetes mellitus and peripheral vascular disease. The 3/6/14 right foot MRI impression documented mild to moderate arthrosis of the 2nd and 3rd tarsometatarsal joints with asymmetric joint space narrowing, subjacent reactive marrow edema pattern and subchondral cysts. There was a 7 mm septated outpouching without enhancement within the dorsal soft tissues overlying the medial base of the 2nd metatarsal which might represent a small aneurysm versus a ganglion with diffusion of contrast. There was diffuse edema and swelling within the soft tissues along the dorsum of the 2nd through 5th digits. There was atrophy and fatty infiltration of the abductor digiti minimi muscle suggesting possible Baxter's neuropathy (compression of the inferior calcaneal nerve). Records documented benefit to a right 1st MPJ injection on 8/27/14. The 2/25/15 treating physician report cited continued right foot and ankle pain after inversion sprain/strain. He was wearing an Arizona brace and alternative with orthotics for his alternate shoe gear. He had pain in the right big toe joint and across the dorsum of the foot. Physical exam documented tenderness to palpation along the anterior ankle joint margin, pain along the right posterior tibial tendon insertion, pes planus with collapsed medial arch, hallux valgus right, and tenderness to palpation over the right 1st MPJ. X-rays showed mild degenerative joint disease with hallux varus of the right 1st MPJ. The diagnosis was tibial tendonitis, diabetes mellitus with peripheral vascular disease, and ankle sprain. The injured worker had x-ray findings of hallux varus with mild degenerative joint disease, pain and instability in the right big toe joint, surgical fusion of the right 1st MPJ would be indicated. The 3/25/15 utilization review non-certified the right 1st MPJ fusion and associated surgical requests as the right 1st MPJ arthritis was minimal and there were multiple other pain

generators including a collapsed mid foot with no clear etiology. The 4/615 appeal letter indicated that the injured worker had been treated with cast immobilization and physical therapy with marginal improvement in the ankle. He reported increased pain in the right big toe joint with deviation of the big toe since the injury. Physical exam showed medial deviation of the right big toe and pain with range of motion. There are x-ray findings of subluxation and degenerative joint changes to the first MPJ. Authorization was requested for fusion to stabilize the joint and provide relief of the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Fusion of the Right 1st MPJ: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Fusion (arthrodesis).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require 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 Official Disability Guidelines (ODG) recommend ankle, tarsal and metatarsal fusion (arthrodesis) to treat non or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint. Criteria include conservative care, subjective clinical findings of pain relieved with injection, objective findings of malalignment and decreased range of motion, and imaging findings confirming arthritis, bone deformity, or non or malunion of a fracture. Guideline criteria have been met. This patient presents with continued right foot and ankle pain, with localized pain in the right big toe. Functional difficulty precludes return to work. Clinical exam findings are consistent with imaging evidence of degenerative joint disease and subluxation. A positive diagnostic injection test was documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated Surgical Services: Pre-operative Test Stress EKG, labs, CBC w/o Diff w. Ptt Basic Metallic panel: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle-aged males have known occult increased cardiovascular risk factors. Guideline criteria have been met on the basis of patient age, co-morbidities (diabetes mellitus and peripheral vascular disease) and the risk of anesthesia. Therefore, this request is medically necessary.

Associated Surgical Services: Knee Roller: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a knee roller seems reasonable to allow for early post-op functional mobility. Therefore, this request is medically necessary.

Associated Surgical Services: 12 Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13.

Decision rationale: The California Post-Surgical Treatment Guidelines for fusion of the foot/ankle suggest a general course of 21 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request for 12 physical therapy visits is consistent with initial treatment guidelines. Therefore, this request is medically necessary.