

Case Number:	CM15-0078279		
Date Assigned:	04/29/2015	Date of Injury:	08/29/2014
Decision Date:	07/31/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 57 year old male who sustained an industrial injury on 08/29/14. Initial complaints and diagnoses are not available. Treatments to date include a cast boot and a bone stimulator. Diagnostic studies are not addressed. Current complaints include right foot pain. Current diagnoses include delayed nonunion second metatarsal fractured right foot, stress fracture third metatarsal right foot, and hammertoe second toe with second metatarsophalangeal joint contracture right foot. In a progress note dated 04/08/15 the treating provider reports the plan of care as right foot surgical correction of the delayed/nonunion of the second metatarsal fracture with bone graft, hammertoe repair of the second toe, and tenotomy/capsulotomy of the second metatarsophalangeal joint. The requested treatment is surgical correction of the right foot with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORIF of the delayed non union, right 2nd metatarsal fracture with bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle, open reduction internal fixation (ORIF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, 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; 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 guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 4/8/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore, the guideline criteria have not been met. The request is not medically necessary.

Hammertoe repair, 2nd toe: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle, open reduction internal fixation (ORIF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, 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; 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 guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 4/8/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore, the guideline criteria have not been met. The request is not medically necessary.

Tenotomy/capsulotomy, 2nd metatarsophalangeal joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle, open reduction internal fixation (ORIF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, 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; 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 guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 4/8/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore, the guideline criteria have not been met. The request is not medically necessary.

Pre operative history and physical exam by an endocrinologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative protocol health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

Associated Surgical Service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Surgical assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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

Post operative physical therapy, right foot, qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

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