

Case Number:	CM15-0098705		
Date Assigned:	06/01/2015	Date of Injury:	12/06/2013
Decision Date:	06/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, Oregon
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 32 year old male who sustained work related injury December 6, 2013. An MRI of the left ankle (report present in medical record), dated 2/2/2015, is consistent with partially torn PTT (posterior tibial tendon), micro trabecular fractures of the talus and calcaneus, partial tear of PB (peroneus brevis) and PL (peroneus longus)tendons. The findings are consistent with overcompensation to a right foot injury. According to a treating physician's progress notes, dated May 11, 2015, the injured worker presented for follow-up of bilateral feet. He reports he is still using an ankle brace on the right foot. He does feel pain with swelling later in the afternoon. Diagnoses are posterior tibial tendon dysfunction; sinus tarsi syndrome; peroneal tendon tear; acquired equinus deformity; morbid obesity. Treatment plan included arch supports for right ankle, continue medication, and continue calf stretches. At issue, is the request for authorization for NT fusion and calcaneal medial slide osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NT fusion and calcaneal medial slide osteotomy with possible repair of posterior tibial tendon and gastroc recession: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of intertarsal fusion. Per the ODG Ankle and Foot, Fusion (arthrodesis), is recommended for painful hindfoot osteoarthritis where there is documented conservative care including immobilization and pain aggravated by activity and weight bearing. ODG further states that the pain in the hind foot must be relieved by Xylocaine injection with findings of malalignment and decreased range of motion. Imaging findings should include loss of articular cartilage, malunion, fracture or bone deformity. In this case the exam notes from 5/26/15 do not demonstrate evidence of prior injections into the NT joint. There are no formal radiographs demonstrating malalignment or malunion or severe osteoarthritis to warrant an NT fusion. Therefore the determination is not medically necessary.