

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2103
Date of Injury:	10/1/2009
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0007694

- 1) MAXIMUS Federal Services, Inc. has determined the request for **reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (EG, kinder type procedure) is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (EG, kinder type procedure) is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

This claimant is a 42-year-old male with multiple complaints including foot pain. On 11/12/2010, he was seen for a comprehensive podiatric consultation. At that time, examination of his right foot revealed pain of variable intensity rated at a 7/10 from 0/10. He stated that he had been involved in a motor vehicle accident, from which he sustained injuries to his left elbow and groin and fully recovered from those injuries. He subsequently had an injury to his right shoulder. He did not specifically describe this injury. On examination, neurologically, he was intact; but muscle strength was rated at a 4+/5 on the right foot, and the left foot was 5/5. There was no Tinel's sign or Babinski's sign noted. He had tenderness to palpation about the medial tubercle of the right navicular bone tubercle. X-rays were taken of both feet, and there was noted to be a nonunion fracture through the tubercle of the right navicular bone. On 11/06/2012, he was seen for an initial orthopedic consultation. At that time, examination of his right ankle revealed a negative anterior drawer sign on the right. There was no tenderness to the area of the anterior lateral ankle mortise. Medial ankle examination was normal without tenderness or increased laxity being noted. He did, however, have tenderness over the navicular and tenderness in the area of the talus. X-rays demonstrated an old navicular fracture without complete union. On 11/28/2012, an MRI of the right foot was obtained. This exam revealed no acute pathology; and specifically, the navicular was thought to be unremarkable. There was no fracture or suspicious marrow edema noted. The exam was read by [REDACTED], MD. On the same day, another MRI of the right foot was obtained. This exam revealed an unremarkable exam, but there was an accessory ossicle noted on the medial aspect of the navicular bone. That exam was read by [REDACTED], MD. On 07/08/2013, this claimant returned to clinic. Examination of his foot and ankle revealed that he continued to have moderate to severe tenderness upon palpation of the entire lateral and medial malleolus and surrounding musculature.

There continued to be mild edema noted, which had been chronic for this claimant. He continued to have pain with any sort of movement, specifically with plantar flexion, and he continued to have a loss of sensation in a patchy, nondermatomal fashion. On 07/16/2013, this claimant submitted to an Agreed Medical Exam. He was given a 45% whole person impairment rating at that time. He returned to clinic on 08/05/2013 for a pain management follow-up. He continued to report pain of multiple body parts. Physical exam revealed severe tenderness to palpation of the entire lateral and medial malleoli of the right ankle and foot.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (EG, kinder type procedure):**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) (2004), Chapter 14, page 374-375, which is part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Ankle and Foot chapter, Surgical Considerations, pages 374-375, which is part of MTUS and Wheelless textbook of Orthopaedics, Operative Treatment, which is not part of MTUS.

##### Rationale for the Decision:

The most current records fail to demonstrate any significant pathology that can be attributed to the accessory tarsal navicular bone. The original X-rays performed on 11/12/2010 did reveal an apparently nonunion; but the MRI dated 11/28/2012 failed to reveal any significant pathology to the right foot however there was an accessory ossicle noted on the medial aspect of the navicular bone. On physical exam, the employee had pain that was greater than what should be expected for these nonspecific findings and had decreased sensation in a patchy dermatomal distribution as well as having exquisite pain about both medial and lateral malleoli. This would indicate that there may be other etiologies of his pain other than this accessory ossicle on the medial aspect of the foot. This request was previously reviewed on 07/11/2013, and it was noted then that the request was non-certified. The MRI films were reviewed, and there were no inflammatory changes noted around the accessory navicular; and if the area was symptomatic, it was thought that there would have been inflammation present around that area.

No findings were noted on the MRI film. Also of note was that the employee did not respond to cortisone injections, and there were no objective findings indicating the need for further surgery. The additional records provided for this review also fail to conclusively indicate that the employee has any specific pathology attributable to the accessory bone or the navicular to the right foot. The request includes reconstruction or advancement of the posterior tibial tendon, and this would need to be performed should the accessory navicular bone be excised. However, lacking documentation of significant pathology, there is no need to excise the accessory navicular; and therefore, there is no need to advance the posterior tibial tendon. The ACOEM Guidelines do state that there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Additionally, the Wheeler's Textbook of Orthopaedics indicates that if an accessory navicular is present, but it is unclear whether it is causing symptoms; a bone scan is indicated. A bone scan was not provided for this review. As such, there is a lack of support through the guidelines for this procedure, and there is a lack of support through the medical records for this procedure. **The request for reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (EG, kinder type procedure) is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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