

Case Number:	CM14-0148913		
Date Assigned:	09/18/2014	Date of Injury:	08/25/2010
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, the original date of injury for this injured worker was 8/25/2010. It is reported that this injured worker twisted her right foot, ankle, and knee while stepping on an uneven surface. Injured worker was subsequently diagnosed with a right cuboid fracture and chronic lateral ankle pain. Injured workers treated with an immobilization walking. An MRI dated 2011 revealed in old healed cuboid fracture. Also noted was joint effusion to the ankle joint and subtalar joint along with spurring of the lateral malleolus. The progress note dated 3/6/2014 relates an x-ray evaluation of the right foot noting no evidence of residual fracture lucency of the cuboid, no gross degenerative changes, and no gross signs of tarsal coalition. Injured worker continued to have right foot pain and on 3/14/2014 underwent another MRI of the right foot and ankle. No acute fractures were noted on this MRI evaluation. A small area of cortical irregularity was noted along the lateral aspect of the cuboid bone. Evidence of a mild chronic sprain to the posterior talofibular ligament was noted. Two separate small ganglion cysts were noted to this area as well. No evidence of subtalar coalition was noted. An evaluation on 4/4/2014 advised that injured worker continued to have right foot pain. It is noted that injured worker is roughly 4 years post fracture of cuboid. Physical examination revealed tenderness over the cuboid and cuneiform area. Pain was noted with range of motion to the fourth and fifth metatarsal cuboid joints. Range of motion was noted to be within normal limits to the midtarsal joints region. It is also noted that a diagnostic injection to the lateral cuneiform cuboid joint alleviated injured worker's pain for several hours. It is also noted that this injured worker has failed conservative treatments including rest, physical therapy, activity modifications, sturdy shoe gear, topical anti-inflammatory gel, and shoe gear with additional arch support. It was at this point that injured worker was recommended to have arthrodesis of lateral cuneiform cuboid joint with possible bone graft right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis Surgery with Internal Fixation and possible Bone Grafting for Right Foot:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 375. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11 Edition 2013: Ankle & Foot Fusion

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for arthrodesis surgery with internal fixation and possible bone grafting of the right foot is not medically reasonable or necessary according to the guidelines for this injured worker at this time. The MTUS guidelines state that a 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. This injured worker has undergone two MRI evaluations as well as a recent x-ray evaluation. Neither has demonstrated degenerative changes to the joints that have been recommended to be fused. Therefore, this injured worker does not meet the above third criteria for surgical consultation. The request for Arthrodesis Surgery with Internal Fixation and possible Bone Grafting for Right Foot is not medically necessary.