

Case Number:	CM14-0113443		
Date Assigned:	08/01/2014	Date of Injury:	11/18/2013
Decision Date:	09/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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:

This is a 54 year old male with a November 18, 2013 date of injury. A progress note dated May 22, 2014 documents objective findings (patient in distress; limping antalgic gait to the right lower extremity; decreased lordosis of the cervical spine; decreased range of motion of the cervical spine; appreciable cervical paraspinal muscle spasm and tenderness; right foot appreciable swelling; significant localized tenderness at the plantar big toe metatarsophalangeal joint region; decreased sensation to the plantar medial and plantar lateral portion of the foot), and current diagnoses (closed toe fracture; tarsal tunnel syndrome; neck sprain/strain; cervical disc displacement; injury to nerve unspecified). Subjective findings were not documented for this encounter. A progress note dated May 16, 2014 documented the following subjective complaints: significant tenderness on the forefoot along the first, second, third and fourth metatarsal heads; medial as well as the first metatarsal head. Treatments to date have included x-ray of the right foot (showed right big toe plantar region, medial sesamoid separation dislocation, and sesamoid fracture separation), x-ray of the cervical spine (showed decreased cervical lordosis and decreased disc space between C5-6 and C6-7 level), medications, and therapy. The treating physician documented a plan of care that included big toe fracture open reduction internal fixation with bone graft with associated services, and an electromyogram/NVC study of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Big Toe fracture open reduction internal fixation with bone graft: 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 open reduction and internal fixation. Per the ODG, Ankle section, open reduction and internal fixation, recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place. In this case, there is CT scan evidence of bipartite sesamoid or old fracture at the sesamoid. There is no evidence of acute fracture to fix. Based on this the request is not medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical services: Twelve (12) Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op blood testing and medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

EMG/NCS of the Right foot: 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) carpal tunnel.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. ODG is silent on lower extremity testing. According to the ODG, Carpal tunnel section, recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case there is variable reporting of any consistent neurologic complaints and/or findings. There is insufficient clinical evidence to warrant the study. The request is not medically necessary.