MAXIMUS Federal Services

Case Number:	CM13-0019216		
Date Assigned:	10/11/2013	Date of Injury:	08/29/2005
Decision Date:	01/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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:

The claimant is a 47-year-old injured worker who sustained an injury to their left lower extremity on August 29, 2005. Records in this case indicate a recent July 23, 2013 orthopedic assessment with [redacted], indicating chronic complaints of left ankle and foot pain with joint instability, tenderness and gait dysfunction. Physical examination findings showed swelling, but restricted active range of motion at endpoints and increased talar tilt and anterior drawer test on the left compared to the right and tenderness to palpation. Working assessment at that time was that of an Achilles tendon contracture with ankle ligamentous instability. The plan at that time was for surgery in the form of arthroscopy, Brostrom ligament reconstruction. A significant course of conservative care including bracing, physical therapy, immobilization, medication management and activity restrictions are noted. Imaging includes prior MRI report of June 30, 2011 that showed calcaneal spurring with minimal tenosynovitis of the peroneal brevis tendon with no ankle ligamentous findings documented. Surgical intervention is recommended as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Arthroscopy, BrostrÃ¶m ligament reconstruction, peroneal tendon auto graft, gatroc release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 17th edition, 2012 Updates: Ankle Procedure.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS ACOEM Guidelines allow for referral for surgical intervention in cases where there is "Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair". Official Disability Guidelines require "Imaging Clinical Findings: Positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray". In this case there is not clear clinical and imaging evidence of a lesion shown to benefit from surgical repair and there is no documentation of stress x-rays or MRI findings demonstrating significant ankle ligamentous laxity. The request for a left ankle arthroscopy, brostrom ligament reconstruction, peroneal tendon auto graft, gatroc release, is not medically necessary and appropriate.

Post-operative physical therapy for twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, postoperatively physical therapy in this case would not be warranted as the need for operative intervention has not yet been established. The request for post-operative physical therapy for twelve sessions is not medically necessary and appropriate.

Claritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com Claritin.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-50.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS ACOEM Guidelines state that "In the absence of reproducible objective findings that are known to be work related in population studies, an incomplete or inaccurate approach to the patient assessment may set the stage for the prolongation of medical care, delayed recovery, and later the range of behaviors that develop in order to prove that the symptoms reflect an injury or occupational disease that precludes a return to the work environment". When looking at Medication Review, Loratadine (i.e. Claritin) is used for symptomatic relief of allergens such as hay fever, hives and skin allergies. The medical records provided for review does not indicate those underlying diagnoses as related to the employee's work related injury. The request for Claritin is not medically necessary and appropriate.

Levoxyl, quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jones Pharma (May 2004) Levoxyl.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-50.

Decision rationale: The Physician Reviewer's decision rationale: California ACOEM and MTUS Guidelines state "In the absence of reproducible objective findings that are known to be work related in population studies, an incomplete or inaccurate approach to the patient assessment may set the stage for the prolongation of medical care, delayed recovery, and later the range of behaviors that develop in order to prove that the symptoms reflect an injury or occupational disease that precludes a return to the work environment". When looking at Medication Literature Review, Levoxyl is indicated for treatment of hypothyroidism. Medical records provided for review did not indicate hypothyroidism as a work related condition. The request for Levoxyl, quantity 2, is not medically necessary and appropriate.