

<b>Case Number:</b>	CM13-0021424		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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, has a subspecialty in Shoulder and Elbow 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 injured worker is a 63-year-old male who reported an injury on 09/26/2010 due to repetitive pushing and pulling of large bread carts. The injured worker developed a posterior tibial tendon rupture. The injured worker underwent flexor digitorum longus tendon transfer and a calcaneal osteotomy on 05/24/2011. The injured worker continued to have left foot pain. This was re-evaluated on 08/19/2013. X-rays were taken at that appointment and it was concluded that there was medallionizing calcaneal osteotomy with a screw in the calcaneus extending beyond the medial cortex of the anterior process of the calcaneus. Forefoot abduction was documented at approximately 20 degrees with minimal arthritic changes and evidence of a possible bioabsorbably screw placament in the navicular bone. Objective findings included standing examination showed a flat foot posture on the left when compared to the right with tenderness along the medial side of the heel and over the posterior tibial tendon region. It was noted that the injured worker had a subfibular impingement and a very tight Achilles tendon with a positive silver scoiled test. The injured worker's diagnoses included tibialis tendinitis of the left foot and contracture of the posterior tibial tendon and flat foot deformity with left Achilles contracture and retained left heel hardware. The injured worker's treatment plan included left calcaneal lengthening osteotomy, left gastrocnemius strayer, left first metatarsal plantar flexion osteotomy, removal of the hardware of the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRE-OPERATIVE LABORATORY TEST (COMPLETE BLOOD COUNT, URINALYSIS AND BASIC METABOLIC PANEL): 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), LOW BACK CHAPTER, PRE-OPERATIVE LAB TESTING, GENERAL.

**Decision rationale:** The requested pre-operative laboratory test (complete blood count, urinalysis and basic metabolic panel) is not medically necessary or appropriate. California Medical Treatment Guidelines do not address this issue. The Official Disability Guidelines do not support the use of routine pre-operative lab testing unless there are risk factors of intra-operative or post-operative complications. The clinical documentation does not provide any significant risk factors that would put the injured worker at risk for complications resulting from the requested intermediate surgery. As such, pre-operative laboratory test (complete blood count, urinalysis and basic metabolic panel) is not medically necessary or appropriate.

**ONE (1) PRE-OPERATIVE ELECTROCARDIOGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, ONLINE VERSION, PREOPERATIVE ELECTROCARDIOGRAM (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PREOPERATIVE ELECTROCARDIOGRAM (ECG).

**Decision rationale:** The requested preoperative electrocardiogram is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines define orthopedic surgical procedures that are not endoscopic or ambulatory as intermediate risk surgical procedures. The Official Disability Guidelines do not support the need for preoperative electrocardiograms for intermediate risk surgeries for patients who do not have additional risk factors. The clinical documentation does not provide any evidence that the injured worker has any history of cardiac-related issues that would support the need for a preoperative electrocardiogram. As such, the requested preoperative electrocardiogram is not medically necessary or appropriate.

**ONE (1) CERVICAL SPINE X-RAY (FLEXION AND EXTENSION VIEWS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested cervical spine x-ray (flexion and extension views) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the need for cervical spine x-rays in the chronic phase of an injury unless there is an emergence of red flag issues. The clinical documentation does not support that the injured worker has had any progression of a cervical spine injury that would support the need for an x-ray. As such, the requested cervical spine x-ray (flexion and extension views) is not medically necessary or appropriate.

**ONE (1) LEFT CALCANEAL LENGTHENING OSTEOTOMY, LEFT GASTROCNEMIUS STRAYER, LEFT FIRST METATARSAL PLANTAR FLEXION OSTEOTOMY AND REMOVAL OF HARDWARE OF THE LEFT FOOT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT CHAPTER, ONLINE VERSION, OSTEOTOMY.

**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 CHAPTER, HARDWARE REMOVAL; and the website [HTTP://WWW.WHEELSONLINE.COM/ORTHO/PES PLANUS FLAT FOOT](http://www.wheelsonline.com/ortho/pes-planus-flat-foot).

**Decision rationale:** The requested 1 left calcaneal lengthening osteotomy, left gastrocnemius strayer, left first metatarsal plantar flexion osteotomy, removal of the hardware of the left foot is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker has ongoing pain complaints and physical manifestations of flat foot and Achilles tendon injury. This is supported by an x-ray. As the injured worker has had ongoing symptomatology for over a year, surgical intervention would be supported in this clinical situation. Although hardware removal is not generally supported by Official Disability Guidelines unless their pain generators have been ruled out, in this clinical situation, hardware removal would be warranted to provide access to the injured worker's ankle anatomy. As such, the requested 1 left calcaneal lengthening osteotomy, left gastrocnemius strayer, left first metatarsal plantar flexion osteotomy, removal of the hardware of the left foot is medically necessary and appropriate.