

Case Number:	CM13-0041171		
Date Assigned:	12/20/2013	Date of Injury:	08/24/2004
Decision Date:	03/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 patient is a 37-year-old female who was injured on 08/24/04. The clinical records available for review indicate the claimant is with apparent symptomatic hardware to the right ankle and foot. A prior utilization review determination of 10/07/13 approved surgical process in the form of a right ankle hardware removal procedure. At present, there is a request for need of preoperative medical clearance and a CBC for the abovementioned procedure as present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance and CBC for right ankle/foot removal of hardware surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and the American Academy of Orthopedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter low back.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, preoperative medical assessment to include preoperative medical

clearance as well as laboratory testing to include a CBC would appear warranted. It would be appropriate for the above preoperative assessment given the nature of the surgical process to be performed in the anesthetic setting for appropriate management in perisurgical risk reduction.