

Case Number:	CM13-0060176		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2012
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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:

This is a 54-year-old female who injured her right foot and ankle in a twisting type injury on 2/9/12. In the records provided for review was an imaging report of an MR arthrogram of the right ankle documented a chronic tear of the anterior talofibular ligament. The report identified multiple areas of degenerative change of the posterior medial subtalar joint. It was documented that the claimant failed conservative care including physical therapy, activity modification, immobilization, and medications. An MRI report of the foot revealed degenerative changes of the first and second metatarsophalangeal joints with no other abnormalities. Follow up clinical assessment by [REDACTED] on 11/13/13 noted that he discussed surgical intervention with the claimant including repair of a ligamentous tear as well as a second metatarsal osteotomy with possible gastrocnemius resection. At present, there is a request for preoperative medical clearance. Review of clinical records failed to demonstrate any comorbid factors with the above-named claimant based on clinical records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR PRE-OP MEDICAL CLEARANCE OF RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM 2004 Guidelines, consultation for preoperative medical clearance would not be indicated. While the claimant is noted to be scheduled for a surgical procedure for foot and ankle surgery, there is currently no documentation of any comorbid factors associated with the claimant that would indicate the need for preoperative medical clearance or assessment. The specific request for this preoperative evaluation is not medically necessary.