

Case Number:	CM13-0068425		
Date Assigned:	05/07/2014	Date of Injury:	06/11/2012
Decision Date:	07/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 49 year old female who sustained an injury on 06/11/12 when she fell, sustaining injury to the right foot. It did not appear that there was any evidence of initial fractures. It appeared that the injured worker underwent surgery for the right ankle and foot on the date of injury with cast placed at the left ankle. The injured worker was instructed to be non-weight bearing. Post-operatively the injured worker was referred for physical therapy. The injured worker received intra-articular injections to the left ankle that were beneficial for pain. However, these injection results were only temporary. The injured worker received prior acupuncture therapy. The injured worker had persistent pain over the right fifth metatarsal base despite conservative treatment. The clinical record from 08/16/13 indicated CT showed non-union of right fifth metatarsal base. This CT was not available for review. The most recent evaluation on 11/20/13 again noted pain over the right fifth metatarsal base with prolonged ambulation. Physical examination showed intact motor strength without edema. There was some tenderness over the right fifth metatarsal base. The injured worker was assessed with a non-union injury. The requested removal of orthopedic hardware for the right fifth metatarsal base with excision of bony fragment at the right fifth metatarsal base, transfer of the peroneal tendon of the right fifth metatarsal base with post-operative Celebrex 100mg quantity 30, and home health assistant was denied by utilization review on 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF ORTHOPEDIC HARDWARE FROM THE RIGHT 5TH METATARSAL BONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Hardware Fixation Removal.

Decision rationale: In regard to the removal of orthopedic hardware from the right fifth metatarsal bone, this reviewer would not have recommended these procedures as medically appropriate. There was no indication the injured worker had current symptomatic hardware at the right fifth metatarsal base. No hardware injections were documented for the right fifth metatarsal area identifying symptomatic hardware that would support removal. According to the guidelines, routine removal of hardware is not recommended without evidence of ongoing pain or infection. As this was not established in the clinical record this reviewer would not have recommended certification for this request. The request is not medically necessary.

EXCISION OF BONY FRAGMENT, RIGHT 5TH METATARSAL BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.

Decision rationale: In regard to the excision of bony fragments at the right fifth metatarsal base, this reviewer would not have recommended this procedure as medically necessary. There was no CT or other imaging available for review to the right foot and ankle identifying pathology that would have reasonably benefited from surgical intervention. Due to the lack of any clear imaging findings identifying pathology that would reasonably require this procedure, this reviewer would not have recommended certification for the proposed surgical request. The request is not medically necessary.

TRANSFER OF PERONEAL TENDON, RIGHT 5TH METATARSAL BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.

Decision rationale: In regard to the excision of transfer of peroneal tendon 5th metatarsal base, this reviewer would not have recommended this procedure as medically necessary. There was no CT or other imaging available for review to the right foot and ankle identifying pathology that would have reasonably benefited from surgical intervention. Due to the lack of any clear imaging findings identifying pathology that would reasonably require this procedure, this reviewer would not have recommended certification for the proposed surgical request. The request is not medically necessary.

CELEBREX 100 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: In regard to the use of Celebrex 100mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The surgical requests for this employee were not indicated as medically necessary. Therefore, post-operative medications for swelling and pain would not be indicated.

HOME HEALTH ASSISTANT (FOR NO MORE THAN 6 WEEKS POST-OPERATIVELY): 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 surgical requests were found to be not medically necessary, none of the associated services are medically necessary.