

Case Number:	CM14-0007415		
Date Assigned:	02/07/2014	Date of Injury:	02/28/2013
Decision Date:	06/09/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 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:

The injured worker is a 41 year old male whose date of injury is 02/28/13. The claimant was cleaning a window when he fell from a ladder and injured the right ankle. Diagnoses include a sprain/strain of the ankle and placed in a Cam walker boot. X-rays did not reveal a clear fracture. The injured worker completed a course of physical therapy. MRI of the right ankle dated 07/31/13 revealed intact ligaments and tendons; fibrocartilaginous tarsal coalition involving the posterior facet subtalar joint; calcaneocuboid osteoarthritis. MRI of the right foot dated 07/31/13 revealed no definite abnormality involving the midfoot or forefoot. The claimant underwent right subtalar aspiration/injection on 08/02/13 without significant response. The claimant also underwent right calcaneocuboid aspiration/injection on 09/03/13 which was helpful for approximately one week. The injured worker was subsequently recommended for arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR OUTPATIENT FACILITY: 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)- Knee & Leg (Acute & Chronic)- Subtalar Fusion.

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, Hospital Length Of Stay.

Decision rationale: According to the Official Disability Guidelines regarding hospital length of stay, states, "Recommend the medical length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (on average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24 hour day that a patient occupies a hospital bed, so a 23 hour admission would have a length of stay of zero" The submitted records indicate that the outpatient facility is being requested to perform a subtalar joint arthrodesis. The submitted clinical records indicate that the requested surgical intervention has been non-certified on utilization review and on appeal. Therefore, outpatient facility is not recommended given that the requested surgery has not been authorized. The request for outpatient facility is not medically necessary and appropriate.