

Case Number:	CM14-0014225		
Date Assigned:	02/26/2014	Date of Injury:	02/24/2000
Decision Date:	07/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/04/2014

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 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:

The injured worker is a 59-year-old female who reported an injury on 02/24/2000. The mechanism of injury was not specifically stated. The current diagnosis is right foot drop. The latest physician progress report submitted for this review is documented on 11/14/2013. The injured worker reported persistent right ankle and foot pain with weakness. Physical examination revealed foot drop in the right ankle, decreased sensation to light touch and pinprick in the lateral border of the entire right lower extremity, mild to moderate lateral ankle instability and negative tenderness. Treatment recommendations at that time included a right ankle lateralizing calcaneal osteotomy, lateral ligament stabilization with internal bracing, Achilles' release and split tibialis anterior tendon transfer.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE LATERALIZING CALCANEAL OSTEOTOMY: 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) Treatment in Workers Compensation 5th Edition 2007 Foot & Ankle (Acute & Chronic) Osteotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. There were also no recent imaging studies provided for review. Therefore, the injured worker does not currently meet criteria as outlined by the ACOEM Guidelines. As such, the request is not medically necessary and appropriate.

LATERAL LIGAMENT STABILIZATION WITH INTERNAL BRACING: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. There were also no recent imaging studies provided for review. Therefore, the injured worker does not currently meet criteria as outlined by the ACOEM Practice Guidelines. As such, the request is not medically necessary and appropriate.

ACHILLES RELEASE IF NEEDED: 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) Treatment in Workers Compensation 5th Edition 2007 Ankle & Foot (Acute & Chronic) Surgery for Achilles tendon rupture.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. There were also no recent imaging studies provided for review. Therefore, the injured worker does not currently meet criteria as outlined by the ACOEM Practice Guidelines. As such, the request is not medically necessary and appropriate.

SPLIT TIBIALIS ANTERIOR TENDON TRANSFER SPLATT PROCEDURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. There were also no recent imaging studies provided for review. Therefore, the injured worker does not currently meet criteria as outlined by the ACOEM Guidelines. As such, the request is not medically necessary and appropriate.

PRE-OPERATIVE MEDICAL CLEARANCE: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

LABS: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

X-RAYS LEFT ANKLE: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.