

Case Number:	CM14-0113759		
Date Assigned:	08/01/2014	Date of Injury:	09/28/1997
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, Pain Medicine 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 52 year old male who reported an injury to the right lower extremity. No description of the initial injury was provided. The utilization review dated 06/13/14 resulted in a denial for preoperative labs as well as the use of crutches as insufficient information had been submitted confirming the need for the surgical intervention. The clinical note dated 06/25/14 indicates the injured worker showing worsening symptoms in the right lower extremity. The injured worker has been identified as having a traumatic amputation to the right lower extremity. The injured worker was identified as utilizing a prosthetic device. The note indicates the injured worker having a right trans-tibial amputation. The injured worker has been utilizing a trans-tibial amputation prosthesis with a foot for attachment. Tenderness has been identified over the anterior compartment proximal to the stump. The injured worker described a sharp and burning sensation at the anterior compartment. The injured worker was being recommended for an excision for a neuroma. The note indicates the injured worker having previously undergone an injection at the affected area which did provide very limited benefit. The clinical note dated 06/25/14 indicates the injured worker having a 5 year history of the right anterior compartment neuroma. The injured worker reported an increase in pain with removal of the prosthetic device each day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance labs to include CMP (Complete Metabolic Panel):
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): Pre-Operative Tests; Feely, 2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

Decision rationale: There is an indication the injured worker is being recommended for a surgical intervention to address a neuroma at the amputation site. However, no information was submitted regarding the approval for the proposed surgical intervention. Therefore, it is unclear the injured worker would require preoperative labs. As such, the request is not indicated as medically necessary.

Pre-Operative Medical Clearance Labs to include PT (Protime): 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): Pre-Operative Tests; Feely, 2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Preoperative lab testing.

Decision rationale: There is an indication the injured worker is being recommended for a surgical intervention to address a neuroma at the amputation site. However, no information was submitted regarding the approval for the proposed surgical intervention. Therefore, it is unclear the injured worker would require preoperative labs. As such, the request is not indicated as medically necessary.

Pre-Operative Medical Clearance Labs to include PTT (Partial Thromboplastin Time): 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): Pre-Operative Tests; Feely, 2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Preoperative lab testing.

Decision rationale: There is an indication the injured worker is being recommended for a surgical intervention to address a neuroma at the amputation site. However, no information was submitted regarding the approval for the proposed surgical intervention. Therefore, it is unclear the injured worker would require preoperative labs. As such, the request is not indicated as medically necessary.

Pre-Operative Medical Clearance Labs to include EKG (Electrocardiogram): 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): Pre-Operative Tests; Feely, 2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: There is an indication the injured worker is being recommended for a surgical intervention to address a neuroma at the amputation site. However, no information was submitted regarding the approval for the proposed surgical intervention. Therefore, it is unclear the injured worker would require preoperative labs. As such, the request is not indicated as medically necessary.

Crutches: 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-TWC): Knee and Leg Procedure Summary (last updated 06/05/2014); Van der Esch, 2003; Chan, 2005

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment

Decision rationale: No information was submitted regarding the injured worker's difficulty with the continued use of a prosthetic device at the amputation site. However, it is unclear that the injured worker would benefit from the use of crutches at this time. Therefore, Crutches are not medically necessary and appropriate.