

Case Number:	CM14-0114166		
Date Assigned:	08/06/2014	Date of Injury:	01/31/2013
Decision Date:	09/24/2014	UR Denial Date:	06/20/2014
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 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 48 year old female with a 1/31/13 injury date. A mechanism of injury is not provided. In a follow-up on 5/29/14, subjective complaints included ongoing pain and numbness in the right medial hindfoot and lateral midfoot regions. Objective findings included tenderness along the medial aspect of the right heel, Achilles tendon, and tarsal tunnel. The provider noted that a recent EMG/NCV was indicative of tarsal tunnel syndrome. There is a noted history of Vicodin use since May 2013 with no substantial improvement of pain levels demonstrated. In a more recent follow-up on 7/10/14, there were no objective sensory or motor deficits found in the exam of the right foot. A right foot MRI on 4/6/13 showed an 8X9 mm ossicle or bony fragment at the anterior lateral process of the calcaneus abutting the lateral tarsal navicular, superior cuboid, and anterior talus, tendinosis of the Achilles tendon, partial intrasubstance tearing within the distal Achilles tendon, and calcaneal enthesopathy. Diagnostic impression: right tarsal tunnel syndrome, accessory ossicle at calcaneus. Treatment to date: medications, physical therapy, CAM walker boot. A UR decision dated 6/20/14 denied the request for right foot tarsal tunnel release on the basis that the most recent objective findings were inconsistent with the diagnosis of tarsal tunnel syndrome. The request for excision of accessory bone on calcaneus was denied on the basis that guidelines only recommend the procedure in patients with heel spur syndrome. The requests for pre-op MRI, history and physical, preop labs and EKG, and Lovenox were denied because the surgical procedures were not approved. The request for Vicodin was denied on the basis that the medication did not appear to be improving the patient's symptoms of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot tarsal tunnel release: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: CA MTUS and ODG agree that surgery for tarsal tunnel syndrome is recommended after conservative treatment for at least one month in patients with clinical findings and positive electro diagnostic studies of tarsal tunnel syndrome. In the present case, the most recent physical exam was inconsistent with tarsal tunnel syndrome. In addition, the extent of prior conservative treatments is not well documented. On this basis, the proposed surgery cannot be recommended at this time. Therefore, the request for right foot tarsal tunnel release is not medically necessary.

Right foot excision of accessory bone on calcaneus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Academy of Ambulatory Foot and Ankle Surgery. Heel spur syndrome. Philadelphia (PA): Academy of Ambulatory Foot and Ankle Surgery; 2003. 6 p.

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: Academy of Ambulatory Foot and Ankle Surgery. Heel Spur Syndrome. Philadelphia (PA): Academy of Ambulatory Foot and Ankle Surgery; 2003. 6 p.

Decision rationale: CA MTUS and ODG do not address this issue. In an article entitled, "Heel Spur Syndrome," resection of an inferior or calcaneal exostosis is only recommended in patients with heel spur syndrome. In the present case, there was not clear evidence that the accessory ossicle seen on MRI was correlated on physical exam, or was able to reproduce the patient's complaints. Therefore, the request for right foot excision of accessory bone on calcaneus is not medically necessary.

Pre-operative MRI of right foot/ankle: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: CA MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. In the present case, there does not appear to be a rationale explaining why repeating the right foot/ankle MRI is necessary. In addition, the proposed surgical procedures were not certified, so the MRI is not needed for pre-op planning. Therefore, the request for pre-operative MRI of the right foot/ankle is not medically necessary.

Pre-operative history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In the present case, the surgical procedures were not certified. Therefore, the request for history and physical is not medically necessary

Pre-operative labs: CBC, BMP, PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. [37 references].

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: American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

Decision rationale: CA MTUS does not address this issue. The American Society of Anesthesiologists states that routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist; selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. In the present case, the surgical procedures were not certified. Therefore, the request for pre-operative labs: CBC, BMP, PT/PTT is not medically necessary.

Pre-operative EKG (Electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASA (American Society of Anesthesiologists).

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 - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In the present case, the surgical procedures were not certified. Therefore, the request for pre-operative EKG (electrocardiogram) is not medically necessary.

Lovenox for anti-thrombolytic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gualandro DM, Yu PC, Calderaro D, Maeques

AC, Pinho C, Caramelli B, et al. Steps to reduce surgical risk. In: II guidelines for perioperative evaluation. Arq Bras Cardiol. 2011;96(3Suppl 1):23-41 Venous Thromboembolism Prophylaxis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that Enoxaparin is not recommend; a once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of enoxaparin in patients undergoing elective total hip arthroplasty. In the present case, the surgical procedures were not certified. Therefore, the request for Lovenox anti-thrombolytic therapy is not medically necessary.

Vicodin 5/325mg #80 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, it does not appear from the documentation that the patient's pain levels have improved with prior use of Vicodin. Therefore, the request for Vicodin 5/325 mg #80 with 2 refills is not medically necessary.