

Case Number:	CM14-0164805		
Date Assigned:	10/09/2014	Date of Injury:	10/04/2013
Decision Date:	11/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 65-year-old female who reported an injury on 10/04/2013. The injured worker reportedly suffered a right lower extremity injury when her foot became caught in a metal rack. The current diagnoses include right ankle and foot strain and lumbosacral strain. The injured worker is status post open reduction and internal fixation of the right ankle on 10/17/2013. The injured worker was evaluated on 06/16/2014 with complaints of ongoing pain. The injured worker utilizes a cane for ambulation assistance. Previous conservative treatment is noted to include medications and physical therapy. Physical examination revealed 10 degree dorsiflexion, 20 degree plantarflexion, 15 degree inversion and eversion, and slight tenderness at the lateral incision above the plate. Plain films obtained in the office revealed proper placement of the hardware with continue maintenance of the anatomic reduction. Treatment recommendations included continuation of physical therapy with a possible hardware removal. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #10: 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.

Keflex 500mg #12: 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.

Right Ankle Hardware Removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Hardware Implant Removal.

Decision rationale: ACOEM Practice 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 to increase range of motion and strength, and clear clinical and imaging evidence of a lesion." The Official Disability Guidelines do not recommend hardware implant removal except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Therefore, the injured worker does not currently meet criteria for the requested procedure. There is no documentation of broken hardware. There is also no documentation of a significant functional limitation upon physical examination. The medical necessity for the requested procedure has not been established. Therefore, the request is not medically necessary.

12 Post- op Physical Therapy: 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.