

Case Number:	CM14-0167730		
Date Assigned:	10/15/2014	Date of Injury:	04/05/2010
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopaedic 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 47-year-old female telemarketer sustained an industrial injury on 4/6/10. Injury occurred when her right foot slipped on a wet floor, causing her to twist both ankles. Past surgical history was positive for left ankle Brostrom procedure on 9/6/12. The 8/21/14 left ankle MRI impression documented posterior talofibular ligament tear with adjacent ganglion cyst, Achilles tendinosis, peroneus brevis tendinosis, and distended joint recess versus ganglion or synovial cyst adjacent to the talonavicular joint. The 9/12/14 treating physician report cited continued left ankle pain, swelling, difficulty with ambulation, and progressive gait abnormalities. Physical exam documented stated height 5 feet, stated weight 152 pounds. There was slight tingling in the lateral ankle and slight weakness to active eversion and resisted inversion. There was pain over the internal fixation which was clearly palpable. There was difficulty toe walking and standing. Anterior drawer and talar tilt were positive. There was global limitation in range of motion. The diagnosis was status post Brostrom procedure with residuals, left ankle instability, painful gait, and painful internal fixation. Authorization was requested for left ankle lateral ligament repair, pre-op medical clearance given a family history of heart disease, and 24 post-op physical therapy sessions. The 10/2/14 utilization review approved a request for left ankle lateral ligament repair. The request for pre-op medical clearance was denied as the patient did not demonstrate any clinical findings of heart disease. The request for 24 post-op physical therapy visits was partially certified for 4 visits consistent with initial post-op physical therapy recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: one pre-op medical clearance: Overturned

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 rule, 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged overweight females have known occult increased cardiac risk factors. Family history is positive for heart disease. Given these clinical indications, this request is medically necessary.

Associated surgical service: 24 post-op physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Posterior tibial tenosynovitis (partial or complete rupture)

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for repair of a partial ligament tear suggest a general course of 8 post-operative visits over 3 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 10/2/14 utilization review recommended partial certification of 4 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.