

Case Number:	CM14-0026923		
Date Assigned:	06/13/2014	Date of Injury:	07/22/2008
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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:

According to the records made available for review, this is a 58-year-old male with a 7/22/08 date of injury. At the time of request for authorization for pre-operative clearance, there is documentation of subjective (injection helped considerably for just a few days) and objective (pain at lateral sesamoid, very prominent with overlying hyperkeratosis, limited range of motion at 1st metatarsal phalangeal joint, minimal edema) findings. The patient's current diagnosis includes right chronic sesamoiditis and treatment to date has included diagnostic and therapeutic injection 1st MTP joint and medications. The 2/12/14 medical report identifies a request for right lateral sesamoidectomy. There is no documentation that a pending surgery that has been certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CLEARANCE: Upheld

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

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 Chapter, Preoperative lab testing.

Decision rationale: The ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of right chronic sesamoiditis. However, despite 2/12/14 medical's report documentation of a request for right lateral sesamoidectomy, there is no documentation of a pending surgery that has been certified/authorized. Therefore, the request for pre-operative clearance is not medically necessary.