

Case Number:	CM14-0030263		
Date Assigned:	04/09/2014	Date of Injury:	03/13/2010
Decision Date:	05/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 & Rehabilitation, 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:

The injured worker is a 48-year-old male who reported injury on 03/13/2010. The mechanism of injury was the injured worker stepped on something. The injured worker underwent 2 surgeries on his foot. The documentation of 01/07/2014 revealed the injured worker had pain in the left foot. The injured worker had some dislocation issues in the 2nd MTP and developed a right 2nd hammer toe. The injured worker had a severe right 2nd hammer toe and a mild left 2nd toe clawing. The range of motion included that bilateral the injured worker had -1 degree of dorsiflexion with the knee extended at the ankles. The x-rays while the injured worker was weight bearing indicated the injured worker had a dislocated right 2nd MTP and a long second ray. The assessment and plan included right 2nd MTP dislocation with 2nd metatarsalgia and the recommendation was a right 2nd PIP fusion, MP capsulotomy and 2nd metatarsal Weil osteotomy and a possible plantar plate repair. The request was made for a postoperative EKG, BMP, CBC, physical therapy prior to surgery, PA assistant, and medical clearance. The surgery that was approved was a right proximal IP joint arthrodesis, MP capsulotomy, Weil distal metatarsal osteotomy and right possible 2nd plantar plate repair. Diagnoses included right hammer toe, MP extension contracture, metatarsalgia and a 2nd MTP plantar plate tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK-LUMBAR & THORACIC (ACUTE & CHRONIC) CHAPTER-PREOPERATIVE ECHOCARDIOGRAM (ECG)

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, EKG

Decision rationale: Official Disability Guidelines recommend a postoperative electrocardiogram for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional factors. Patients undergoing low risk surgery do not require an electrocardiogram. The clinical documentation submitted for review indicated the injured worker would be undergoing an ambulatory surgery procedure and as such an electrocardiogram would not be supported. Given the above, the request for an EKG is not medically necessary.

BMP (BASIC 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 Low Bस्क-Lumbar and Thoracic (Acute and Chronic) Preoperative lab testing

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, pre-operative testing.

Decision rationale: Official Disability Guidelines indicate that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The clinical documentation submitted for review failed to indicate if the injured worker had underlying chronic disease and was taking medications that predisposed him to an electrolyte abnormality or renal failure. Given the above, the request for a BMP (basic metabolic panel) is not medically necessary.

CBC (COMPLETE BLOOD COUNT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK-LUMBAR & THORACIC (ACUTE & CHRONIC) CHAPTER-PREOPERATIVE TESTING

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, PRE-OPERATIVE TESTING

Decision rationale: Official Disability Guidelines recommend a complete blood count for patients with diseases that increase the risk of anemia or patients in whom significant

perioperative blood loss is anticipated. There was a lack of documentation indicating the injured worker had a disease that increased the risk of anemia or was to undergo a procedure where significant perioperative blood loss was anticipated. Given the above, the request for a complete blood count is not medically necessary.

PHYSICAL THERAPY WILL BE REQUIRED PRIOR TO PATIENT HAVING SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG)- PHYSICAL THERAPY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: California MTUS Guidelines recommend physical therapy treatment for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide the rationale for physical therapy prior to surgery. The request as submitted failed to indicate the quantity of sessions and the body part and the quantity of sessions for the physical therapy. Given the above, the request for physical therapy will be required prior to injured worker having surgery is not medically necessary.

PA ASSISTANT (PHYSICIAN'S ASSISTANT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS (AMERICAN ASSOCIATION OF ORTHOPEDIC SURGEONS) REGARDING ASSISTANTS: EVIDENCE CITATIONS FOR ASSISTANT SURGEON

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: PHYSICIANS AS ASSISTANTS AT SURGERY 2011

Decision rationale: Per the Physician's as Assistants at Surgery Study, a surgical assistant is sometimes medically necessary for the requested surgery. The request as submitted failed to indicate what the PA Assistant was being requested for. As such, the request for PA Assistant (Physician's Assistant) is not be medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE ACC/AHA 2007 GUIDELINES ON PERIOPERATIVE CARDIOVASCULAR EVALUATION

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:

[HTTP://WWW.CHOOSINGWISELY.ORG/?S=PREOPERATIVE+SURGICAL+CLEARANCE&SUBMIT=](http://www.choosingwisely.org/?S=PREOPERATIVE+SURGICAL+CLEARANCE&SUBMIT=)

Decision rationale: Per the Society of General Internal Medicine Online, "postoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker would be undergoing an operative procedure. As such, the request for a postoperative clearance would be medically necessary. However, the request as submitted failed to indicate the medical clearance was for preoperative purposes. Given the above, the request for medical clearance is not medically necessary.