

Case Number:	CM14-0032661		
Date Assigned:	06/20/2014	Date of Injury:	05/28/2002
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 who injured her right lower extremity on 5/28/02. The records provided for review included a clinical report dated 2/11/14 that noted continued complaints of pain in the right foot that was unchanged with conservative care. There was noted tenderness at the heel and calcaneal tuberosity. The report of plain film radiographs showed no evidence of fracture, a well-healed surgical fixation from the prior calcaneal fixation, and a screw "buried" in the posterior heel." The records document that the claimant has been treated aggressively with conservative measures including injections, platelet-rich plasma injections, therapy, and immobilization. The records also note that the claimant has a diagnosis of Chronic Regional Pain Syndrome of the lower extremity that has been treated with a spinal cord stimulator. The recommendation has been made for hardware removal due to persistent pain in the region of implanted hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal right calcaneus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Foot & Ankle (Acute& Chronic).

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

Decision rationale: The California MTUS and ACOEM Guidelines and supported by the Official Disability Guidelines, would not recommend hardware removal in this instance. The records document that the claimant has a complex history including Chronic Regional Pain Syndrome for which she has undergone neurologic treatment including spinal cord stimulator placement. The medical records do not confirm that the claimant's current complaints are related to retained hardware from a well-healed fracture fixation to the calcaneus. The claimant's physical findings on examination are diffuse. There is no documentation of clear imaging or physical examination findings isolating retained hardware as a major source of her pain complaints. The role of hardware removal in this individual with Chronic Regional Pain Syndrome following a work-related injury would not be supported.

Pre-Op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ICSI 33 p.1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: The proposed hardware removal from the right calcaneus is not recommended as medically necessary. Therefore, the request for a preop EKG is not necessary.