MAXIMUS Federal Services

Case Number:	CM14-0066428		
Date Assigned:	07/11/2014	Date of Injury:	11/14/2010
Decision Date:	09/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 38-year-old male who reported injury on 11/14/2010. The diagnoses included right Achilles tendinopathy, and right peroneal tear. The mechanism of injury was the injured worker stepped backwards off a step onto the ground and he was stepping off a conveyor belt stair. The surgical intervention of an Achilles tendon reconstruction with excision of calcaneal exostosis, retrocalcaneal bursa, preoperative and postoperative physical therapy were approved. The documentation indicated the preoperative medical clearance was not medically necessary, as the injured worker had no comorbidities or complications. Additionally, the request for the assistant surgeon was found to be not medically necessary as an assistant surgeon is appropriate for cases that are more complex and require the skill of a second surgeon. Prior surgical history included a previous ankle and foot surgery. Prior therapies included physical therapy. The diagnostic studies included an MRI of the right ankle on 01/29/2014. The MRI of 01/29/2014 revealed there was a subchondral cyst in the 5th metatarsal head. There was no fractures seen. The bony contour alignment was normal. The musculoligamentous structures were intact and demonstrated normal contour and signal intensity. The injured worker also underwent an MRI of the right ankle on 01/29/2014 which revealed a split peroneus brevis with old tears of the anterior and posterior distal tibiofibular ligaments. There was signal abnormality within and around the distal Achilles tendon compatible with strain or chronic tendinosis and minimal partial tear. The documentation of 02/20/2014 revealed the injured worker had continued pain at the Achilles insertion into the calcaneous. The gait was smooth and coordinated without limp. The injured worker had tenderness at the Achilles insertion onto the calcaneous upon physical examination. The range of motion was supple without crepitus. The proprioception was difficult on the right versus the left. The motor strength was intact. The neurologic sensation was grossly intact to light touch. The treatment plan included a surgical

intervention of an excision and debridement of the retrocalcaneal bursa and posterior tuberosity and calcaneous as well as a re-repair of the Achilles tendon. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

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 Study.

Decision rationale: The Physician's as Assistants at Surgery 2011 study recommends an assistant surgeon for complex cases. The CPT code of 27650 and 27652 are applicable for the requested surgical intervention, which was approved. This request would be supported. Given the above, the request is medically necessary.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute and Chronic) Procedure Summary; Preoperative Testing.

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.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". The clinical documentation submitted for review, indicated the injured worker did not have comorbidities or exceptional circumstances, however, a preoperative assessment is expected before all surgical procedures. This request would be supported. Given the above, the request is medically necessary.