

Case Number:	CM14-0078937		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2007
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 57-year-old male who reported injury on 05/11/2007. The mechanism of injury was the injured worker dropped a cement foundation block on his right foot. The surgical history included a left tibial osteotomy. The injured worker was noted to have x-rays. The prior treatments included a steroid injection. It resulted in 14 to 16 bilateral foot surgeries. The injured worker's diagnoses included uncontrolled diabetes with complications of blindness and peripheral neuropathy, non-industrial CAD, coronary artery bypass graft, and high blood pressure. The prior therapies included physical therapy, acupuncture, and chiropractic care, as well as a home exercise program. The diagnostic studies included a CT of the left foot and x-rays of the right foot, as well as a CT of the right lower extremity. The documentation of 01/16/2014 revealed the injured worker had increased left ankle pain. The injured worker had a positive Tinel's at the osteotomy site. The injured worker had positive ankle effusion. There were no new x-rays. The diagnoses included left leg neuroma, suspected left ankle degeneration, rule out Charcot joint. The treatment plan included x-rays of the left ankle, new films of the tibia, possible fracture neurectomy, psych referral pending approval, Norco refill, and new films. The documentation of 04/10/2014 revealed the injured worker had x-rays and the x-rays showed additional bony healing. The injured worker was noted to have received a corticosteroid injection into the neuroma, and the pain returned. The documentation indicated the injured worker had pending surgery, as there was no cardiology clearance, and the cardiologist was waiting to conduct a stress test. There was no Request for Authorization or specific physician note requesting surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Cardiology Clearance (consult, EKG, stress test, lab work): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation.

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 electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that a preoperative electrocardiogram is recommended for injured workers undergoing high risk surgery and those undergoing immediate risk surgery who have additional risk factors. Additionally, injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of preoperative status. The clinical documentation submitted for review indicated the injured worker had comorbidities including status post heart surgery and high blood pressure, as well as diabetes. The request for a cardiology clearance consult, EKG and stress test would be supported. However, there request as submitted failed to indicate the lab work that was being requested. There was a lack of documentation indicating whether the surgical intervention was approved. Given the above, the request for urgent cardiology clearance consult, EKG, stress test, and lab work is not medically necessary.