

<b>Case Number:</b>	CM14-0094557		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 claimant is a 49-year-old gentleman who injured his left lower extremity on 07/07/10. The medical records provided for review include the 06/27/14 follow up report noting left foot pain described as stabbing pain, particularly with walking. Physical examination showed a dorsal boss located at the first TMT joint, localized tenderness over the first cuneiform metatarsal joint, and pain with range of motion. It was documented that the claimant had received relief from a localized anesthetic injection to the first TMT joint. The follow up report documented that the claimant's MRI showed end stage degenerative change of the first TMT joint with subchondral bone cyst and edema. As the claimant had failed to improve with conservative treatment, the recommendation was made for a first TMT joint arthrodesis with distal tibial bone graft harvesting. The medical records do not identify that the claimant has any allergies, significant past medical history or underlying comorbidities or risk factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 First Tarsometatarsal Joint Arthrodesis, Distal Tibial Autograft Harvest of Left Foot / Ankle, with Fluoroscopy:** 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), Ankle & Foot (Acute & Chronic), Indications for Surgery -- Ankle Fusion.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure -Fusion (arthrodesis).

**Decision rationale:** Based on California ACEOM Guidelines, surgical process of the first tarsometatarsal joint would be indicated. Guidelines in regards to surgical intervention would indicate need if barrier of improvement with conservative care as well as clear clinical indication of imaging demonstrating a lesion is shown to benefit in both the short term from surgical process is noted. This individual is with endstage degenerative change to the first tarsometatarsal joint and has failed considerable conservative measures. The role of a fusion procedure would be supported. This is taking into account Official Disability Guidelines criteria that do indicate failed conservative care for the individual including bracing, orthotics and antiinflammatory agents as well as imaging demonstrating bone deformity and significant loss of articular cartilage. Given the above this request is medically necessary.

**Pre-Operative Cardiac Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Scheduled, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACEOM Guidelines would not support the role of preoperative cardiac clearance or appointments. While this individual is to undergo surgical process, there is no indication of underlying cardiac issue or comorbid medical issue that would support the role of preoperative clearance. Therefore this request is not medically necessary.

**Pre-Operative Appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** California ACOEM Guidelines do not recommend a preoperative appointment. The request for preoperative cardiac clearance is not recommended medically necessary. Thus, there would be no need for the preoperative appointment to obtain cardiac clearance. Therefore the request is not medically necessary.

**Pre-Operative Urinalysis:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACEOM Guidelines would support the role of preoperative urinalysis and blood work. While this individual is with no indication of underlying comorbidity, he is to undergo surgical process to the foot requiring anesthesia and bone harvesting. The role of preoperative assessment to include a urinalysis and blood work would be indicated. Therefore this request is medically necessary.

**Pre-Operative CBC and CMET:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACEOM Guidelines would support the role of preoperative urinalysis and bloodwork. While this individual is with no indication of underlying comorbidity, he is to undergo surgical process to the foot requiring anesthesia and bone harvesting. The role of preoperative assessment to include a urinalysis and blood work would be indicated. Therefore this request is medically necessary.

**Post-Operative Appointment:** 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), Ankle and Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACEOM Guidelines would support the role of postoperative appointment. The need for operative intervention in this individual has been established, thus the

need for postoperative assessment of his function and clinical course would be indicated. Therefore request is medically necessary.

**Pre-Operative Medication Ancef 1 gm: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaeter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical Practice Guidelines for Antimicrobial Prophylaxis In, Surgery, AM J Health Syst Pharm. 2013 Feb 1;70(3):195-283, Orthopedic Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: infectious procedure.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines recommend the administration of Ancef 1 gram preoperatively. The use of prophylactic antibiotics, in this case Ancef, is an accepted standard of care to prevent infection. Therefore this request is medically necessary.

**Pre-Operative Medication Vancomycin 1 gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaeter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical Practice Guidelines for Antimicrobial Prophylaxis In, Surgery, AM J Health Syst Pharm. 2013 Feb 1;70(3):195-283, Orthopedic Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: infectious procedure.

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would not support the use of Vancomycin as a second preoperative antibiotic. The request for Ancef is already recommended as medically necessary. There is no documentation of an allergy or contraindication to the cephalosporin that has already been supported. There would be no need for another preoperative antibiotic; therefore this request is not medically necessary.

**1 X-Rays of the Left Foot 3 Views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** California ACEOM Guidelines would not support radiographs of the foot. Claimant's need for operative intervention in this case has already been established from previous imaging. Imaging to the foot is typically only indicated after periods of conservative care, if symptoms would continue to persist or in the setting of acute changes to claimant's symptoms or clinical history. Without indication of change in claimant's clinical presentation, the role of further imaging in this individual whose diagnosis is already well established would not be supported. Therefore is this request is not medically.