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| Case Number: | CM14-0177550 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 02/02/2010 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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:

47 year old female claimant with reported industrial injury of 2/2/10. Exam note 8/4/14 demonstrates painful right shoulder with limited range of motion affecting the right wrist. Right knee is also demonstrated to be painful. Treatment includes cortisone injection with medication and activity modification. Radiographs of the right foot and ankle show lateral tilt of the ankle. MRI of the ankle from 2/21/14 demonstrates thickening of the medial band of the plantar aponeurosis. Thickened posterior talofibular ligament, calcaneofibular ligament and anterior talofibular ligament is noted. Request is made for right ankle modified Brostrom repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th editions (web), 2014 Knee, 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, Preoperative Testing

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of preoperative clearance and testing for foot and ankle surgery. Alternative ODG guidelines, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning for bleeding disorders to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is PT/PTT is not medically necessary.

Associates Surgical Services: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th editions (web), 2014 Knee, Preoperative Electrocardiogram (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, Preoperative Testing

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of preoperative clearance and testing for foot and ankle surgery. Alternative ODG guidelines, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning for cardiac disorders to warrant EKG. Therefore, the determination for EKG is not medically necessary.

Associates Surgical Services: Chest X-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th editions (web), 2014 Knee,

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, Preoperative Testing

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of preoperative clearance and testing for foot and ankle surgery. Alternative ODG guidelines, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning for pulmonary disorders to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination for chest x-ray is not medically necessary.

Associates Surgical Services: Post-Operative Physical Therapy 3 times a week for 4 weeks right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: Per the CA MTUS/Post surgical treatment guidelines, Ankle, Ankle Sprain, page 13, Postsurgical treatment recommends of 34 visits over 16 week period. In this case the 12 visits are within the guidelines and therefore determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Associates Surgical Services: Urine Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th editions (web), 2014 Knee, 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, Preoperative Testing

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of preoperative clearance and testing for foot and ankle surgery. Alternative ODG guidelines, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning for urinary tract infection or disorders to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination for urine analysis is not medically necessary.