MAXIMUS Federal Services

Case Number:	CM15-0001859		
Date Assigned:	01/12/2015	Date of Injury:	11/25/2013
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Neurological Surgery

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 56- year old female, who sustained an industrial injury on November 25, 2013. The documentation reviewed did not contain a description of the injury or past treatment utilized. Currently, the IW complains of pain in the right knee that was burning and aching and was centered on the outside of the leg. The lumbar spine was very stiff and achy. Physical exam was remarkable for limited range of motion of the right knee. An x-ray of the right knee and right tibia showed no progression of degenerative changes. An x-ray of the right foot and right ankle showed normal appearance and an x-ray of the right hip and right femur was normal in appearance. Diagnoses included lumbar sprain, hip and thigh sprain, tear of the medial cartilage or meniscus of the knee and ankle sprain. On December 12, 2014, the Utilization Review decision non-certified requests for 1.modified Brostrom repair of the right ankle with suture anchors and screws 2. an assistant surgeon 3. post-operative physical therapy three times per week for four weeks 4. medical clearance to include a complete blood count, complete metabolic panel, a protime and partial thromboplastin time, electrocardiogram and chest x-ray 5. cold therapy unit 6. IF unit and 7. crutches, noting the documentation did not reflect any clear indication for surgery and if there is no indication for surgery then a physical medicine referral would be indicated as a first-line treatment. The remaining services would not be medically necessary if the surgery was not approved. The ODG Ankle and Foot Chapter were cited.On December 30, 2014, the injured worker submitted an application for IMR for review of the following: 1.modified Brostrom repair of the right ankle with suture anchors and screws 2. an assistant surgeon 3. post-operative physical therapy three times per week for four weeks 4.

medical clearance to include a complete blood count, complete metabolic pane, a protime and partial thromboplastin time, electrocardiogram and chest x-ray and 5. cold therapy unit 6. IF unit and 7. crutches. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified brostom repair to the right ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foot and Ankle Chapter Anterior Talofibular joint repair, Lateral ankle ligaments

Decision rationale: ODG guidelines indicate surgery is recommended for instability and clear clinical and imaging evidence with weight bearing radiographs. The limited documentation does not provide enough evidence that the IW fulfills criteria for surgery. There is no discussion about the grade of the sprain. There is no documentation about the worker's response to an exercise program or injections. There is no documentation about chronic instability which would meet criteria for surgery.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Suture anchors and screws: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op physical therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IF unit 1-2 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Crutches purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.