MAXIMUS Federal Services

Case Number:	CM15-0139479		
Date Assigned:	07/29/2015	Date of Injury:	08/03/2012
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic 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 08/03/2012. She has reported injury to the left foot, right shoulder, and low back. The diagnoses have included left Charcot's foot; insulin-requiring diabetes mellitus; severe diabetic peripheral neuropathy; status post forefoot amputation, right foot; status post amputation to the left foot, fourth digit; peripheral arterial disease; recurrent ulceration in the left great toe, plantar; status post left foot infection; right shoulder rotator cuff tear arthropathy; and coronary heart disease status post myocardial infarction and coronary stent placement. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, psychotherapy, home exercise program, and surgical intervention. Medications have included Tylenol, Naproxen, Diclofenac, Tizanidine, Robaxin, Prozac, Xanax, and Prilosec. A progress report from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. The injured worker reported left Charcot's foot that began with an infection in the left great toe; she suffered severe deformity of both feet; she has bone collapse in the left foot and ankle that began two years ago and she has a nail infection; and she underwent surgery on this foot and she developed postoperative infection that persisted for several months. Objective findings included evidence of right transmetatarsal amputation; the left foot has missing first and fourth digits; she has no motion at the ankle and no motion of the left foot at the toes; there is some erythema present on the left; she has perhaps a trace or 1+ dorsalis pedis pulse and a trace to 1+ posterior tibial pulse; on the left foot; she has 2+ to 3+ edema at the ankle; on the right side, there is 1+ to 2+ edema; she has severe motor extremity weakness in the lower extremities; there is no Babinski sign; and

there is no dysmetria or ataxia. The treatment plan has included the request for left leg/foot angiography and possible stent placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left leg/foot anglography and possible stent placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nim.nih.gov/pubmed/18492924.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation current medical literature.

Decision rationale: Based on the provided medical records and the available medical evidence, this proposed procedure is not medically necessary. CA MTUS ACOEM and ODG are silent on lower extremity angiography with possible stent placement. This patient's symptoms are due to a natural progression of peripheral vascular disease related to diabetes melilitus, diabetic neuropathy, hypertension and atherosclerosis. These symptoms are not attributable to the work injury of 8/3/2012 and thus the recommendation is for non-certification. Therefore, the request is not medically necessary.