

Case Number:	CM15-0026700		
Date Assigned:	02/19/2015	Date of Injury:	03/28/2014
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/12/2015

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
 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 46 year old male, who sustained an industrial injury on 3/28/14. The PR2 dated 1/28/15 noted that injured worker has complaints of neck and back pain with radiation of numbness and tingling into his bilateral upper extremities and numbness in his fingers. Treatment to date has included chiropractic therapy providing not much relief; acupuncture with; no benefits; physical therapy with no benefits and medications which provided relief temporary. Magnetic Resonance Imaging (MRI) of the lumbar spine 1/19/15 noted impression degenerative disc disease and facet arthropathy with retrolisthesis L1-2, L3-4, L4-5 and grade 1 anterolisthesis l5-S1, with right L5 spondylolysis; neural foraminal narrowing includes L3-4 caudal bilateral, L4-5 mild left, mild-to-moderate right, l5-S1 moderate left, mild right neural foraminal narrowing; mild levoscoliosis is suggested and L4-5 and L5-S1 annular fissures are appreciated. X-ray of the cervical spine 6/17/14 only able to see up to the C5 vertebrae, otherwise no acute changes; X-ray of the lumbar spine 6/17/14 shoed spondylilisthesis L5-S1 and anterior osteophytes and electromyogram of the bilateral upper extremities 8/13/14 showed normal study. According to the utilization review performed on 1/19/15, the requested 1 right peroneal tendon repair; 1 post-op physical therapy; 1 pre-operative evaluation to include EKG (electrocardiogram) and labs and unknown post-operative medication has been non-certified. The requested 1 right ankle arthroscopy has been certified. Official Disability Guidelines ankle and foot (acute and chronic); post-surgical physical medicine and opioids were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right peroneal tendon repair: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, Referral for surgical consultation may be indicated for patients who have: "Activity limitation for more than one month without signs of functional improvement Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case, there is insufficient evidence of the exam note from 1/28/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore, the guideline criteria have not been met and determination is for non-certification.

1 post-op physical therapy: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 pre-operative evaluation to include EKG (electrocardiogram) and labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Unknown post-operative medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.