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| Case Number: | CM15-0028571 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 06/23/2010 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 59-year-old female who reported an injury on 06/23/2010. The injured worker reportedly twisted her right ankle when she stepped off of a curb into a pothole. The injured worker is currently diagnosed with right ankle pain, pes planovalgus, posterior tibial tendon dysfunction, limb deformity, and CRPS. The injured worker presented on 01/30/2015 for a follow-up evaluation. The injured worker presented with complaints of severe ankle pain. Upon examination, there was a normal gait, intact sensation, and normal motor examination. Recommendations at that time included a gastrocnemius recession with evidence of calcaneal osteotomy, medial cuneiform osteotomy, posterior tibial tendon advancement, and preoperative medical clearance. Postoperative medication included Norco 5/325 mg. Preoperative medication included Ancef 1 gram and Vancomycin. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot Gastrocnemius Recession: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Adult acquired flatfoot (pes planus), Surgery for calcaneal fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Adult acquired flatfoot (pes planus).

Decision rationale: The Official Disability Guidelines recommend a gastrocnemius recession in cases of equinus contracture. Treatment for acquired pes planus includes conservative treatment for at least the first 6 to 8 weeks prior to consideration of surgery. Conservative treatment does include rest, immobilization, NSAIDs, physical therapy, orthotics, and bracing. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no documentation of a functional limitation. The injured worker's physical examination was within normal limits. There is also no documentation of an exhaustion of conservative treatment to include immobilization, orthotics or bracing. Given the above, the request is not medically appropriate at this time.

Right Foot Cotton Medial Cuneiform Repair, Revision, and/or Reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Adult acquired flatfoot (pes planus), Surgery for calcaneal fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Osteotomy.

Decision rationale: The Official Disability Guidelines recommend an osteotomy for hallux valgus. Surgical osteotomy is an effective treatment of painful hallux valgus. In this case, there was no documentation of an exhaustion of any recent conservative management to include immobilization, orthotics or bracing for the right foot. There was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of a significant functional limitation. Given the above, the request is not medically appropriate at this time.

Right Foot Osteotomy, Possible Kidner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Adult acquired flatfoot (pes planus), Surgery for calcaneal fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Osteotomy.

Decision rationale: The Official Disability Guidelines recommend an osteotomy for hallux valgus. Surgical osteotomy is an effective treatment of painful hallux valgus. In this case, there was no documentation of an exhaustion of any recent conservative management to include immobilization, orthotics or bracing for the right foot. There was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of a significant functional limitation. Given the above, the request is not medically appropriate at this time.

Right Foot Posterior Tibial Tendon Advancement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Adult acquired flatfoot (pes planus), Surgery for calcaneal fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Osteotomy.

Decision rationale: The Official Disability Guidelines recommend an osteotomy for hallux valgus. Surgical osteotomy is an effective treatment of painful hallux valgus. In this case, there was no documentation of an exhaustion of any recent conservative management to include immobilization, orthotics or bracing for the right foot. There was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of a significant functional limitation. Given the above, the request is not medically appropriate at this time.

Right Foot Calcaneal Osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Adult acquired flatfoot (pes planus), Surgery for calcaneal fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Osteotomy.

Decision rationale: The Official Disability Guidelines recommend an osteotomy for hallux valgus. Surgical osteotomy is an effective treatment of painful hallux valgus. In this case, there was no documentation of an exhaustion of any recent conservative management to include immobilization, orthotics or bracing for the right foot. There was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of a significant functional limitation. Given the above, the request is not medically appropriate at this time.

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 Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. 2006 Jul 33 p. and ACC/AHA 2007 guidelines on perioperative

cardiovascular evaluation and care for noncardiac surgery, American College of Cardiology Foundation - Medical Specialty Society American Heart Association 1996 March 15 (revised 2007 Oct). 83 p.

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.

Pre-Operative PCP 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, Immediate Preoperative Visits and Other Services by Physician.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Norco 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Pre-Operative Ancef 1gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases, Oral anti-biotics and Evaluation and management of common health problems and functional recovery in workers. 3rd Ed. ACOEM, 2011, p 1-268.

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.

1 Prescription for Penicillin or Vancomycin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases, Penicillin.

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.