

Case Number:	CM15-0222601		
Date Assigned:	11/18/2015	Date of Injury:	08/03/2012
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50-year-old male, with a reported date of injury of 08-03-2012. The diagnoses include right ankle osteoarthritis. The medical report dated 08-31-2015 indicates that the injured worker reported continued right foot pain, which was aggravated with walking and standing. She rated the pain 5 out of 10. The subjective findings (08-05-2015) include increased pain and swelling to the right mid-foot at the site of the fusion, rated 8 out of 10. The physical examination (08-05-2015 and 08-31-2015) showed a mildly antalgic gait; inability to toe walk; normal muscle strength to the right and left foot and ankle; ankle joint range of motion was 10 degrees of dorsiflexion and 40 degrees to plantarflexion, bilaterally; subtalar joint range of motion was 15 degrees of inversion with 5 degrees of eversion bilaterally; metatarsal phalangeal range of motion was full to both feet without limitation or restriction; negative anterior drawer to the right and left foot and ankle; tenderness to palpation to the right forefoot; a palpable screw head at the incision site on the dorsum right foot which was painful and swollen; and intact sensation to light touch to the right and left foot and ankle. The injured worker's work status (08-31-2015) was deferred to the primary treating physician. On 08-05-2015, the treating physician recommended primary treating physician make the injured worker temporarily totally disabled as she had significant pain even at rest. The diagnostic studies to date have included a CT scan of the right foot on 08-20-2015 which showed broken surgical screws and mild degenerative changes with no acute displaced fracture or dislocation. Treatments and evaluation to date have included physical therapy, aspirin and Ibuprofen. The request for authorization was dated 10-13-2015. The treating physician requested allergy testing for nickel, stainless steel, and titanium to

the right ankle. On 10-20-2015, Utilization Review (UR) non-certified the request for allergy testing for nickel, stainless steel, and titanium to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allergy testing for nickel, stainless steel and titanium right ankle: 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), <http://www.aaos.org/news/aaosnow/sep12/research3.asp>, Mihalko, WM. MD. PhD and Goodman, SB. MD, PhD, Skin Patch Testing and Associated Total Knee Outcomes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0038.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin, allergy testing for nickel, stainless steel and titanium to the right ankle is not medically necessary. Aetna considers In-vitro metal allergy testing (as known as lymphocyte transformation tests (LTT)) experimental and investigational as they have not been proven to be effective. In this case, the injured worker's working diagnosis is LOC PRIM osteoarthritis right ankle. Date of injury is August 3, 2012. Request for authorization is subject to 23rd 2015. According to an August 31, 2015 podiatric progress note, the injured worker was seen in follow-up for CAT scan review of the right foot. The worker has ongoing pain in the right foot 5/10. Objectively, there is tenderness to palpation with a palpable screw head. CAT scan evaluation of the foot shows two broken screws without evidence of complete fusion at the second tarsal metatarsal joint. The progress note does not contain a clinical indication or rationale for allergy testing for nickel, stainless steel or titanium. The request for authorization contains a request for allergy testing for nickel, stainless steel or titanium. The treating provider wants to confirm the injured worker has no allergies. The objective clinical findings coincide with the computed tomography findings. There is no history of contact dermatitis or allergy history in the medical record. There is no mention of contact dermatitis (secondary to nickel) indicating a relative concern for nickel sensitivity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of contact dermatitis or other history of allergy and no clinical discussion, indication or rationale for allergy testing in the progress note documentation, allergy testing for nickel, stainless steel and titanium to the right ankle is not medically necessary.