MAXIMUS Federal Services

Case Number:	CM15-0036057		
Date Assigned:	03/04/2015	Date of Injury:	11/25/2013
Decision Date:	12/21/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/25/2015

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: Illinois, California, Texas
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:

This injured worker is a 64-year-old female who sustained an industrial injury on 11/25/13. The mechanism of injury was not documented. The 3/19/14 right ankle MRI impression documented a mild amount of fluid in the right ankle with no osteochondral defect or trabecular fracture seen. There was soft tissue swelling over the lateral malleolus but no evidence for focal fluid collection or ligament tear. She underwent right knee diagnostic arthroscopy with partial medial and lateral meniscectomies, chondroplasty of the medial femoral condyle, a patelloplasty, partial synovectomy, and removal of loose bodies on 5/27/14. The 11/13/14 treating physician report indicated that the injured worker was doing poorly with persistent right ankle instability. The ankle had reportedly given away twice over the last week due to instability. Right ankle exam documented lateral and anterior instability on stress testing. X-rays of the right foot and ankle showed opening of the ankle on stress testing. There was clinical and radiographic evidence of significant instability of the ankle. She had been treated with physical therapy, injections, medications, bracing and rest and still remained disabled. The 12/22/14 treating physician letter documented stress x-ray findings of a 7 mm lateral opening on the affected ankle compared to 1 mm on the unaffected left ankle, indicative of right ankle instability. He had a positive anterior drawer sign. She had received appropriate non-operative treatment including the allotted amount of physical therapy, medications, injections, bracing and rest. Authorization was requested for a modified Brostrom procedure with associated requests for an assistant surgeon, post-op physical therapy 3x4, medical clearance, crutches, cold therapy, and interferential (IF) unit for 1-2 months rental. The 1/16/15 utilization review certified the modified Brostrom procedure and associated

surgical requests for post-op physical therapy, medical clearance, and crutches. The request for an assistant surgeon was modified to a surgical assistant, as there was no rationale provided as to why a board certified orthopaedic surgeon was needed over a surgical assistant for this procedure. The request for cold therapy was modified to 7-day rental of a cold therapy unit as generally supported by the Official Disability Guidelines. The request for 1-2 month rental of an IF unit was modified to a 30-day rental of a TENS unit for post-op pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG criteria for surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for an assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27695, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. There is no compelling rationale presented to support the medical necessity of a cold therapy unit over standard ice packs and as an exception to guidelines. It is noted that the 1/16/15 utilization review modified this request for cold therapy to allow 7-day rental of a cold therapy unit. There is no compelling

rationale to support the medical necessity of additional certification. Therefore, this request is not 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that a one-month IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Additionally, this request for up to 2 months duration of use is not consistent with guidelines. It is noted that the 1/16/15 utilization review modified this request for an IF unit to 30-day rental of a TENS unit for post-op pain control. There is no compelling rationale to support the medical necessity of additional certification. Therefore, this request is not medically necessary.