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| Case Number: | CM15-0047890 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 06/15/2009 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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 female who reported an injury on 01/19/2010 due to an unspecified mechanism of injury. The most recent clinical note provided was dated 06/27/2014, which showed that the injured worker had complained of an aching and burning sharp pain in the posterior neck. She stated that the pain was present at all times, and worsened with activity. She also reported experiencing radiating pain from the neck to the bilateral trapezius muscles. She rated her pain at a 6/10 and stated it had gotten worse since the last evaluation. She also complained of pain in the lateral aspect of the right and left elbow, pain in the bilateral wrists, pain in the bilateral lower extremities, and pain in the low back. She stated that her left ankle would give out and it would feel as if she had broken it. She rated the pain in the lower extremities at a 7/10 on the left and an 8/10 on the right. Her medications included Norco, nortriptyline, omeprazole, and Motrin. On examination, she was noted to have 5/5 strength in the bilateral lower extremities and sensation was intact. She did not walk with a limp or list in her gait, and she had a negative Tinel's over the left and right ankles. She was diagnosed with degenerative disc disease of the cervical spine and lumbar spine, status post carpal tunnel release, left carpal tunnel syndrome, sleep disturbance, and GERD. A request was made for a retrospective repair of the peroneal longus tendon on the left ankle per 03/03/2015 with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of the Peroneal Longus Tendon (Left Ankle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24318625>.

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

Decision rationale: According to the California ACOEM Guidelines, a referral for physical consultation may be indicated for those who have activity limitations for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength, and clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The documentation provided for review does not show that the injured worker had any deficits of the left ankle to support the medical necessity of the left ankle surgery. The only clinical document submitted for review was a QME dated 06/27/2014, which stated that the injured worker had complained of pain in the bilateral ankles, however, no imaging studies were provided of the left ankle to show that surgery is appropriate. In addition, while it was stated that the injured worker had undergone physical therapy, further clarification is needed regarding whether this physical therapy was for the left ankle or towards the injured worker's other complaints. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks for the left ankle): Upheld

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

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.

Associated Surgical Services: Knee Walker: Upheld

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

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.

Associated Surgical Services: CAM Walker: Upheld

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

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.

Associated Surgical Services: Hot and Cold Therapy Unit for the left ankle: Upheld

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

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.

Associated Surgical Services: IF Unit for the left ankle: Upheld

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

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.

Associated Surgical Services: Shower Boot: Upheld

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

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.