

Case Number:	CM15-0058417		
Date Assigned:	04/03/2015	Date of Injury:	10/02/2013
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 40-year-old male who sustained an industrial injury on 10/02/13. He reported an onset of anterior leg pain during running. The 5/15/14 treating physician report documented resting pressures of 25 mm Hg right and 20 mm Hg left with elevation of compartment pressures post-exercise on the right to 46 mm Hg and on the left to 36 mm Hg. The 11/3/14 treating physician report letter stated that the clinical history was consistent with a diagnosis of chronic exertional compartment syndrome. Symptoms had persisted despite conservative treatment with activity restriction, medication, and therapy. Compartment pressure had been measured before and after exercise, and was consistent with the diagnosis of chronic exertional compartment syndrome. Authorization was requested to perform a fasciotomy of the right leg. The 11/24/14 orthopedic report documented bilateral leg pain with exercise and exertion. He reported burning, cramping, numbness of the lateral legs, right greater than left. He was developing right knee cap pain. Physical exam documented normal right leg color and temperature, and intact sensation. The diagnosis was bilateral exertional compartment syndrome. The treatment plan recommended right leg fasciotomy. He underwent right leg anterior and lateral compartment fasciotomy on 2/27/15. The 3/2/15 treating physician report indicated that the injured worker was seen in follow-up for his right leg with some mild pain and stiffness but was doing well. Right leg exam documented the incision was clean, dry and healing well. He was able to easily dorsiflex the ankle and sensation was intact. The diagnosis was status post right leg fasciotomy and chronic exertional compartment syndrome left leg. The treatment plan recommended beginning independent stretching and strengthening

exercises. He would like to proceed with fasciotomy on the left leg. The 3/23/15 utilization review non-certified the request for left leg fasciotomy and associated post-op physical therapy as there was no current documentation of left leg symptoms or physical findings of compartment syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Leg Fasciotomy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless, Textbook of Orthopaedics. Chronic and Exertional Compartment Syndromes. Updated 8/7/12.
http://www.wheelsonline.com/ortho/chronic_and_exertional_compartment_syndromes.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for fasciotomy in the treatment of compartment syndrome. Wheelless, Textbook of Orthopaedics provides indications for surgical intervention in chronic lateral compartment syndrome that include elevated post-exercise compartment pressures. Pressures greater than 35 mm Hg are highly indicative of compartment syndrome and greater than 40 mm Hg is diagnostic. This injured worker was diagnosed with bilateral chronic exertional compartment syndrome. Pressure testing in May 2014 documented post-exercise pressure of 36 mm Hg on the left, which would be considered highly indicative of exertional compartment syndrome. Reasonable non-operative treatments had been tried and failed. Therefore, this request is medically necessary.

12 Post-Op Physical Therapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The specific request is within applicable guidelines that support such therapy to decrease the pain, swelling and decreased motion and ambulatory dysfunction inherent in such surgical intervention. Therefore, this request is medically necessary.