

Case Number:	CM15-0076550		
Date Assigned:	05/05/2015	Date of Injury:	05/27/2013
Decision Date:	08/07/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York
Certification(s)/Specialty: Neurological 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 54 year old male, who sustained an industrial injury on 5/27/2013. He reported injury from twisting the ankle while walking. The injured worker was diagnosed as having healed right ankle fracture. X rays show a calcaneal heel spur. Treatment to date has included physical therapy, bracing and medication management. In a progress note dated 3/10/2015, the injured worker complains of right lower extremity pain. The treating physician is requesting arthroscopy of the right ankle and subtalar joint with extensive debridement and repair of the secondary ligament under anesthesia at the popliteal nerve and radiographic examination, 6 x-rays of the right ankle and right foot, cam boot, 3-month rental of knee scooter, 6 strappings, 6 casting applications and 6 sets of casting material.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the Right Ankle, x6: 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 Service: Purchase of Cam 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.

Arthroscopy of the Right Ankle and Subtalar joint with Extensive Debridement and Repair of the Secondary Ligament under Anesthesia at the Popliteal Nerve and Radiographic Examination: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5.

Decision rationale: The California MTUS guidelines recommend for surgical consideration that clears clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair be present. Documentation does not provide this evidence. The guidelines advise conservative care first. Documentation does not show compliance with this recommendation. The requested treatment: Arthroscopy of the Right Ankle and Subtalar joint with Extensive Debridement and Repair of the Secondary Ligament under Anesthesia at the Popliteal Nerve and Radiographic Examination is not medically necessary and appropriate.

Associated Surgical Service: Knee Scooter, 3 Months Rental: 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.

X-Rays of the Right Foot, x6: 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.

Strappings, x6: 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.

Cast Applications, x6: 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.

Casting Materials, x6: 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.