

Case Number:	CM15-0082633		
Date Assigned:	05/05/2015	Date of Injury:	07/15/2014
Decision Date:	08/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/29/2015

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/female, who sustained an industrial/work injury on 7/15/14. He reported initial complaints of left foot sprain. The injured worker was diagnosed as having left foot sprain, unidentified cause of pain. Treatment to date has included medication, cane, chiropractic care, work restrictions, heat/ice application, moist heat pack, and injection. MRI results were reported on 10/2/14 and 11/18/14 documented mild bone marrow edema at the second, third and fourth metatarsal heads that might be related to chronic stress injury. X-Rays results were reported on 8/11/14. Currently, the injured worker complains of continued pain in the left forefoot with some numbness in the back of the heel. Per the primary physician's progress report (PR-2) on 2/26/15, examination revealed tenderness with forced plantarflexion and dorsiflexion, the posterior ankle had fullness and swelling in that area. The overall alignment of the ankle is good, with possible posterior impingement. Current plan of care included referral for posterior ankle arthroscopy. The requested treatments include Posterior left ankle arthroscopy with cyst removal, Pre-operative medical clearance, Cam walker boot for the left ankle, Left lace-up ankle brace, Crutches, and Post-operative physical therapy 2 times weekly for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior left ankle arthroscopy with cyst removal: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ganglion cyst removal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374,377.

Decision rationale: The California MTUS guidelines recommend surgical referral if clear clinical and imaging evidence of a lesion is found that has been shown to benefit in both the short and long term from surgical repair. Documentation is supplied with this evidence. Follow up peer review 04/9/15 approved of the procedure. The requested treatment: Posterior left ankle arthroscopy with cyst removal is medically necessary and appropriate.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Perioperative protocol, Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-Pre-operative testing, general.

Decision rationale: Since this patient is 54 then pre-operative investigation to assay risk and identify potential comorbidities which might affect postoperative management suggests that medical clearance is reasonable and necessary according to ODG guidelines. The guidelines recommend investigation be guided by the clinical history and physical exam. The pre-operative medical clearance was also approved by the peer review of 04/9/15. The requested treatment: Pre-operative medical clearance is medically necessary and appropriate.

Cam walker boot for the left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Cam walker.

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 chapter-footwear; walking aids cam walker.

Decision rationale: The ODG guidelines advises ankle foot orthoses during surgical recovery. The cam walker is basically a removable cast. The ODG guidelines note that a short period of immobilization results in a quicker recovery. The requested treatment: Cam walker boot for the left ankle is medically necessary and appropriate.

Left lace-up ankle brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Cast (immobilization), Lace-up ankle support.

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 chapter-Lace-up ankle support.

Decision rationale: The OLDG guidelines do recommend a lace-up ankle support. Lace-up support appears effective in reducing swelling in the short term. They are a more effective functional treatment. The requested treatment: Left lace-up ankle brace is medically necessary and appropriate.

Crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Walking aids.

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 chapter; walking aids.

Decision rationale: The ODG guidelines do recommend crutches for patient with conditions causing impaired ambulation. Documentation supports this evidence. The requested treatment: Crutches are medically necessary and appropriate.

Post-operative physical therapy 2 times weekly for the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 13.

Decision rationale: The California MTUS guidelines allows for postsurgical physical medicine treatments of 9 visits over 8 weeks. The peer review of 04/9/15 approved of this item. The requested treatment: Post-operative physical therapy 2 times weekly for the left ankle is medically necessary and appropriate.