MAXIMUS Federal Services

Case Number:	CM14-0140293		
Date Assigned:	09/19/2014	Date of Injury:	11/26/2010
Decision Date:	11/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32 year old male who was injured on 11/26/2012 when he fell off a roof landing on his feet causing bilaterally fracture of the calcaneous. The patient underwent left subtalar joint fusion on 01/22/2013. Diagnostic studies reviewed include CT of the left ankle dated 04/04/2014 revealed a solid bony fusion across posterior subtalar joint; head of screw that passes from the talus into the calcaneous across the posterior subtalar joint; probable tendinopathy of the peroneous longus and brevis tendons as they pass along the inferior surface of the lateral malleolus. According to the UR, progress report dated 06/23/2014, which is the most recent report provided, states the patient presented with complaints of persistent pain in the left ankle and hindfoot region. He reported this pain became worse with prolonged walking or standing with associated swelling. He had tenderness over the lateral aspect of the ankle and hindfoot, mild tenderness peroneal tendons at anterolateral aspect ankle. He has been recommended for hardware removal of left ankle, post-op physical therapy, Percocet and Keflex (which there is no medication history provided for review to determine the efficacy of these medications). Prior utilization review dated 07/24/2014 states the request for Hardware Removal of The Left Ankle; 8 Post-Op Physical Therapy (PT) Sessions; A Prescription of Percocet 5/325 MG #80; A Prescription of Keflex 500 MG #40 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Removal of The Left Ankle: Upheld

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 and Foot (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Ankle, Hardware implant removal

Decision rationale: According to the Official Disability Guidelines, Hardware implant removal (fracture fixation) is not generally recommended, the routine removal of hardware implanted for fracture fixation is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. The medical records do not detail what types of interventions have been trialed to address his current complaints of persistent left ankle/hind foot region pain. According to the most recent progress report of 6/23/2014, the patient was not taking any medications and at that office visit, he was given custom orthotics. There is lacking documentation regarding attempts and his response to recent course of NSAIDS, orthotics, bracing, and hardware injection. Examination demonstrated some motion deficits (which is expected post fusion), some tenderness and intact motor and sensory of the ankle/foot. The medical records do not demonstrate significant functional loss or limitations in this patient. Furthermore, the CT scan does not reveal any evidence of broken or damaged hardware, however the study does suggest lack of complete bony fusion. Removal of the hardware prior to complete fusion carries significant risk. In the absence of exhaustion and failure of conservative interventions, no evidence of hardware failure or pathology and potential risk of premature removal of the hardware, the medical necessity of hardware removal has not been established.

8 Post-Op Physical Therapy (PT) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation ODG Ankle, Physical therapy

Decision rationale: The Official Guidelines state physical therapy is recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. The medical records do not establish the requested hardware removal procedure is medically indicated and necessary. In absence of surgical intervention, post-operative physical therapy is not warranted. Since the primary procedure is not medically necessary, none of the associated services (PT) are medically necessary.

A Prescription of Percocet 5/325 MG #80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the CA MTUS guidelines, Percocet "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. This opioid medication is requested for post-operative pain. However, the medical records do not establish the requested hardware removal procedure is medically indicated and necessary. Therefore, there is no basis for Percocet. Since the primary procedure is not medically necessary, none of the associated services are medically necessary. Since the primary procedure is not medically necessary, none of the associated services (Percocet) are medically necessary.

A Prescription of Keflex 500 MG #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sawyer M, Danielson D, Degnan B, et al. Perioperative Protocol. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. page 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Keflex Cephalexin. Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682733.html

Decision rationale: Cephalexin is a cephalosporin antibiotic used to treat certain infections caused by bacteria such as pneumonia and bone, ear, skin, and urinary tract infections. In the absence of surgery, prophylactic antibiotic is not medically warranted. . Since the primary procedure is not medically necessary, none of the associated services (Keflex) are medically necessary.