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| Case Number: | CM14-0211496 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 01/28/2012 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/06/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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: Podiatrist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, the original date of injury for this patient was 1/28/2012. Patient is noted to have diagnoses including hallux valgus left side as well as degenerative joint disease first MPJ left side. Physical exam reveals severe pain upon range of motion to the first MPJ, with a painful medial eminence first MPJ left side. The patient will be undergoing surgical correction of union deformity left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee walker: 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 & Foot (Acute & Chronic), Knee 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, procedure summary, rolling knee walker, page 39

Decision rationale: The guidelines state that rolling knee walkers are recommended for patients who cannot use crutches, standard walkers, or other standard ambulatory assistive devices. There is no enclosed documentation that advises that this is the case for this patient. After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for one rolling knee walker is not medically reasonable or necessary at this time.

Pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation College of Physicians - Medical Specialty Society 2006 April 18. pages 6; Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 July, page 33

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology , ACR Appropriateness Criteria, 2011

Decision rationale: According to the above mentioned guidelines, a routine preoperative chest x-ray is not recommended in patients who are asymptomatic or their history and physical is unremarkable for cardiopulmonary disease. If a patient is over 65 years of age this is recommended. There is no documentation to show that this patient is over 65 years old. As such after careful review of the enclosed information and the pertinent guidelines, it is my feeling that the decision for one preoperative chest x-ray is not medically reasonable or necessary for this patient at this time according to the guidelines.

Lab work: CBC, APPT, SMA7, UA, Preg UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians, 9th edition; Singapore Ministry of Health, Screening for Cardiovascular Disease and Risk Factors. Singapore: Singapore Ministry of Health: 2011 March, page 101

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418

Decision rationale: The enclosed guidelines as well as other preoperative management guidelines suggest that preoperative blood work be reserved for patients with significant medical history which would necessitate the above-mentioned tests. In this particular case the pregnancy test is certainly not needed as this patient is a male. There is no documentation to show that this patient has significant preoperative comorbidities or history that would necessitate preoperative

blood work. As such, after careful review of the enclosed information and the pertinent guidelines above, it is my feeling that the decision for lab work including CBC, APPT, SMA7, UA, Pregnancy UA is not medically reasonable or necessary for this patient at this time.