

Case Number:	CM14-0217008		
Date Assigned:	01/06/2015	Date of Injury:	10/02/2013
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Minnesota, Florida
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 with a date of injury of October 2, 2013. Results of the injury include the right leg. Diagnosis include chronic exertional compartment syndrome, both legs, and patellar tendonosis, right knee. Treatment has included activity restriction, medication, and therapy. Medical imaging was not provided. Progress report dated November 24, 2014 revealed tenderness at the proximal patellar tendon. There was full range of motion of the knee. Work status was noted as without restrictions. The treatment plan included therapy, ice, non steroidal anti-inflammatories, and to await authorization for fasciotomy of the right leg. Utilization review form dated December 3, 2014 non certified faciotomy of the right leg due to lack of specification of the compartment that required the fasciotomy in the request. Additional information has since been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasciotomy, right leg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheeless Textbook of Orthopaedics, Topic: Chronic and Exertional Compartment Syndromes.

Decision rationale: California MTUS and ODG do not address chronic exertional compartment syndromes. Per Wheeless Textbook of Orthopedics chronic exertional compartment syndromes most often involve the anterior compartment. Pain is often burning in nature which worsens with activity and completely subsides after 15 minutes of activity cessation. The anterior compartment of the leg is involved most often. Indications for surgery depend upon compartment pressure measurements. The normal compartment pressure at rest is between 0 and 4 mmHg. A post exercise reading of greater than 35 mmHg is highly indicative of compartment syndrome and greater than 40 mmHg is diagnostic. The injured worker is diagnosed with an exertional compartment syndrome related to exercise involving the right lower extremity. There was a history of pain in the anterior compartment associated with running for several years. Prior utilization reviews had denied the requested fasciotomy based on absence of objective evidence such as compartment pressures. The last denial was on 12/3/2014. However, since that time additional information has been provided indicating involvement of the anterior compartment only, and the pressure at rest being 25 mmHg which increased to 46 mmHg after exercise in the right leg. In the left leg the pressure at rest was 25 mmHg and increased to 36 mmHg after exercise. The requested fasciotomy of the right lower leg anterior compartment is therefore appropriate and medically necessary. The prior denial was based upon incomplete information as to which compartment was involved and lack of information about the compartment pressures before and after exercise. The requested information has been provided. As such, the request for fasciotomy is appropriate and the medical necessity of the request is established.