

Case Number:	CM15-0016399		
Date Assigned:	02/04/2015	Date of Injury:	04/30/2013
Decision Date:	03/31/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 61 year old male, who sustained an industrial injury on 04/30/2013. He has reported subsequent pain in the heel and feet and was diagnosed with Achilles bursitis or tendinitis with exostosis of unspecified site. Treatment to date has included oral pain medication and surgery. The injured worker underwent right ankle excision of calcaneal exostosis, retrocalcaneal bursa and right Achilles debridement repair on 07/08/2014. In a progress note dated 12/16/2014, the injured worker complained of pain in the left heel. Objective physical examination findings were notable for prominence and pain in the posterior aspect of the Achilles insertion on the left and pain with single-heel raise. The physician noted that the injured worker's left Achilles reconstruction was approved but was denied at the most recent request and that the left foot was delayed in surgery in order to have surgery on the right foot prior. A request for authorization of left Achilles tendon reconstruction and pre-operative medical clearance and crutches was made. On 01/01/2015, Utilization Review certified a request for left Achilles tendon reconstruction and non-certified requests for pre-operative medical clearance and crutches, noting that one medical clearance exam and one set of crutches had already been approved for the 4/8/2014 procedure and there was not any documented change in the injured worker's health after this surgery to support the need for these requests. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internal Medicine, 18th Edition, 2011, pages 38-42

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Pre-operative testing, general. Harrison's Textbook of Internal Medicine, 18th Edition, 2012, Medical Evaluation of the Surgical patient

Decision rationale: The injured worker underwent a history and physical examination and medical clearance for the surgical procedure of 7/8/2014. The documentation provided does not indicate any change in the health status or new comorbidities that would necessitate another preoperative clearance. The guidelines recommend a thorough history and physical examination prior to surgery and additional diagnostic testing or consultations depending upon the results of the history and physical examination. Orthopedic surgery is classified as an intermediate risk procedure. Harrison's Textbook of Internal Medicine, 18th Edition, page 62 indicates that simple standardized preoperative screening questionnaires have been developed for the purposes of identifying patients at intermediate or high risk who may benefit from a more detailed clinical evaluation. Per ODG guidelines preoperative laboratory testing should be carried out only for specific clinical conditions based on the clinical examination. Based upon the absence of documentation indicating a change in the health status of the IW, a repeat medical clearance is not supported by guidelines. As such, the request for preoperative medical clearance is not supported and the medical necessity of the request is not substantiated.

Associated surgical service: Crutches QTY 1: 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), Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Walking aids

Decision rationale: The guidelines recommend use of walking aids such as crutches for post-operative ambulation and compliance with weight bearing restrictions. However, documentation from utilization review indicates crutches were approved for the surgical procedure of July 2014. As such, a duplicate pair is not needed and the medical necessity is not established.