MAXIMUS Federal Services

Case Number:	CM15-0142778		
Date Assigned:	08/07/2015	Date of Injury:	05/03/2015
Decision Date:	10/13/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 26-year-old male who sustained an industrial injury on 5-3-15. In a progress report dated 5-5-15, the treating physician notes a treatment plan of conservative care for 2-4 weeks of non-steroidal anti-inflammatory medications, home ice and heat, stretches, begin treatments of physical medicine, modified duty work status and consider MRI and specialty consultation if delayed recovery. Gait training for crutch walking was ordered. Medications prescribed were Nabumetone and Tramadol HCL Acetaminophen. An MRI of the right ankle dated 6-11-15 reveals the impression as edema within the sinus tarsi, which could represent sinus tarsi syndrome versus resolving contusion, no ligament tear identified. In a podiatric follow-up report dated 7-2-15, the treating physician notes follow up is for a right ankle sprain. The injured worker reports he has not had physical therapy yet. He has anxiety and so prefers no injection, the arch support was not helpful and physical therapy has just been scheduled. He continues to have pain on the anterolateral ankle along the sinus tarsi. Range of motion of the ankle is full and painless. There is sharp tenderness on palpation of the sinus tarsi. The assessment is right ankle sprain with sinus tarsi syndrome. The treatment plan is a cortisone injection- but the injured worker prefers not to do, Relafen, air heel brace, and surgical consultation for right sinus tarsectomy. Work status is noted as return to work with limited standing and walking of 2 hours a day; sit down job. The requested treatment is a right sinus tarsectomy and preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sinus tarsectomy: Upheld

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 Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic)/ Surgery for Ankle Sprains.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a right sinus tarsectomy for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance. According to the Official Disability Guidelines (ODG), failure of conservative medical therapy, including physical therapy is necessary prior to surgical intervention for ankle disorders requiring tarsectomy. The medical documentation indicates that this patient has not received any physical therapy for his condition. He has also refused injection therapy. Surgery is not a first line therapy for ankle sprain. Thus, based on the submitted medical documentation, medical necessity for right sinus tarsectomy has not been established. This request is not medically necessary.

Preoperative Clearance: Upheld

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 Official Disability Guidelines (ODG) Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-operative medical clearance for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in peri-operative management." Preoperative clearance and testing is only indicated for medically necessary surgery. This patient's surgery is not medically necessary. Thus, based on the submitted medical documentation, medical necessity for pre-operative medical clearance has not been established. This request is not medically necessary.