

Case Number:	CM15-0173056		
Date Assigned:	09/09/2015	Date of Injury:	01/07/2015
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Montana, Oregon, Idaho
 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 57 year old male who sustained an industrial injury on 1-7-15. The injured worker reported ankle pain. A review of the medical records indicates that the injured worker is undergoing treatments for right fibular non-union with ankle internal derangement, lateral ligament and osteochondral injury. Medical records dated 7-23-15 did not indicate a pain rating on the visual analog scale. Provider documentation dated 7-23-15 noted the work status as "unchanged". Treatment has included hot and cold packs, right ankle magnetic resonance imaging, physical therapy, Naproxen Sodium since at least March of 2015, crutches, boot, radiographic studies and activity modification. Physical examination performed 7-23-15 was notable for tenderness to the lateral aspect of the fibula, positive drawer, ankle joint swelling and tenderness along the Achilles. The original utilization review (8-21-15) partially approved a preoperative complete blood panel, 12 post-operative physical therapy sessions and pre-operative history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar; 116 (3): 522-38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 57 years old and a pre-operative CBC is medically indicated according to the referenced criteria. Therefore, request is medically necessary.

12 Post-Operative Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: According to CA MTUS Ankle and Foot Postsurgical Treatment Guidelines, pages 12-14, frequency and duration for ankle and foot surgeries are recommended as follows: Fracture of ankle (ICD9 824): Postsurgical treatment: 21 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, the claimant has exceeded the maximum amount of visits allowed. Therefore, the request is not medically necessary.

Pre-Operative History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

[Http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx](http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx) states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 56 years old and does not have any evidence in the cited records from 08/6/15 of significant medical comorbidities to support a need for preoperative clearance beyond a preoperative CBC. Therefore, request is not medically necessary.