MAXIMUS Federal Services

Case Number:	CM15-0175025		
Date Assigned:	09/11/2015	Date of Injury:	06/10/2014
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Oregon, Washington
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 28 year old male, who sustained an industrial injury on 6-10-2014. Diagnoses include left ankle sprain-strain, left ankle anterior talofibular ligament and possible calcaneal fibular tears, and possible anterior ankle impingement syndrome. Treatment to date has included physical therapy, activity modification, medications, bracing and injections. Per the Secondary Treating Physician's Progress Report dated 5-27-2015 the injured worker reported ongoing left ankle pain, swelling and instability. Physical examination revealed edema of the left ankle and tenderness to palpation over the anterior ankle joint and anterior talo-fibular ligament. The plan of care included surgical intervention. Authorization was requested for left ankle diagnostic arthroscopy, debridement, and synovectomy, repair versus reconstruction of the anterior talofibular ligament and possible calceofibular ligament, postoperative physical therapy (2x4), crutches, medical clearance, assistant surgeon, and an ice machine for 7 days. On 8-03-2015, Utilization Review non-certified the request for medical clearance, assistant surgeon, and an ice machine for 7 days rental citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Medical 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 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 28 years old and does not have any evidence in the cited records from 5/27/15 of significant medical comorbidities to support a need for preoperative clearance. Therefore the request is not medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is ankle arthroscopy. Given the level of complexity of the surgery it is not medically necessary to have an assistant. According to the American College of Surgeons: The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. There is no indication for an assistant surgeon for a routine ankle arthroscopy. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In this case the decision for an assistant surgeon is not medically necessary.

Associated Surgical Service: DME Ice Machine for 7 day Rental and Crutches: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore the request is not medically necessary.