MAXIMUS Federal Services

Case Number:	CM15-0063036		
Date Assigned:	04/08/2015	Date of Injury:	09/09/2011
Decision Date:	06/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on September 9, 2011 due to a trip and fall. The injured worker was diagnosed as having right foot neuroma. On 03/10/2015, the injured worker presented for a follow-up with continued symptoms in the right forefoot. The documentation indicated the previous surgical request was denied due to having been denied the previous year. The physical examination revealed the injured worker has pain in the 4 to 5 interspace, dorsally and plantarly. The injured worker's metatarsophalangeal joints are noted to be intact with no gross instability. Treatment to date has included injection of the right foot, radiofrequency ablation under ultrasound and imaging of the right foot. Currently, the injured worker complains of right foot pain. Her treatment plan includes surgical excision of the neuroma, preoperative clearance, and postoperative physical therapy. The Request for Authorization form was submitted on 03/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (Right foot) Qty: 12.00: 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 and foot, Physical therapy (PT).

Decision rationale: The injured worker was noted to have undergone a neuroma excision. According to the Official Disability Guidelines, patients who undergo operative procedures for paralumbar fasciitis are allotted 10 physical therapy visits over 5 weeks. Furthermore, patients should have an initial 6 visit clinical trial with a reassessment prior to additional sessions. The request as submitted would exceed the number of sessions recommended for an initial clinical trial. Based on the above, the request is not medically necessary or appropriate at this time.

CBC Qty: 1.00: 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) low back, address Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines, the criteria for preoperative lab testing include: Preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; Electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; Random glucose testing for patients at high risk of undiagnosed diabetes mellitus; A1C testing is recommended only if the result would change perioperative management; a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; and Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The injured worker was noted to be undergoing a neuroma excision. However, there was lack of documentation indicating the injured worker had anemia or bleeding tendencies. Furthermore, there was lack of documentation indicating the injured worker would be undergoing a high blood loss surgical procedure. Based on the above, the requests are not supported by the evidence- based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pro-thrombin time: 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) low back, address Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines, the criteria for preoperative lab testing include: Preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; Electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; Random glucose testing for patients at high risk of undiagnosed diabetes mellitus; A1C testing is recommended only if the result would change perioperative management; a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; and Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The injured worker was noted to be undergoing a neuroma excision. However, there was lack of documentation indicating the injured worker had anemia or bleeding tendencies. Furthermore, there was lack of documentation indicating the injured worker would be undergoing a high blood loss surgical procedure. Based on the above, the requests are not supported by the evidence- based guidelines. As such, the request is not medically necessary or appropriate at this time.

Partial thromboplastin time: 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) low back, address Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines, the criteria for preoperative lab testing include: Preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; Electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; Random glucose testing for patients at high risk of undiagnosed diabetes mellitus; A1C testing is recommended only if the result would change perioperative management; a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; and Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The injured worker was noted to be undergoing a neuroma excision. However, there was lack of documentation indicating the injured worker had anemia or bleeding tendencies. Furthermore, there was lack of documentation indicating the injured worker would be undergoing a high blood loss surgical procedure. Based on the above, the requests are not supported by the evidence- based guidelines. As such, the request is not medically necessary or appropriate at this time.