

Case Number:	CM15-0064214		
Date Assigned:	04/10/2015	Date of Injury:	02/10/2010
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/04/2015

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: Illinois, California, Texas
 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 46-year-old male who sustained an industrial injury on 2/10/10. Injury occurred when he stepped off a bus and sustained an inversion injury to the right ankle. Past medical history was positive for hypertension. The 7/30/12 right ankle MRI demonstrated mild tenosynovitis of the peroneus brevis and longus tendons, and the posterior tibialis tendon. Conservative treatment included medications, bracing, TENS unit, injections, physical therapy, and acupuncture. The 3/4/15 podiatry report indicated that the injured worker was last seen two years prior regarding the right ankle. He demonstrated significant right ankle symptoms with persistent difficulty in prolonged ambulation. Physical exam cod moderate tenderness and pes planus deformity, moderate swelling to the right ankle joint, moderate pain along the lateral foot, and some Achilles tendon swelling. Gait and neurologic exam was within normal limits. Motor function was within normal limits. There was continued symptomatic pain to direct palpation of the right ankle lateral joint line, lateral ligaments, anterior talofibular and calcaneofibular ligament. There was positive anterior drawer sign, severely painful and positive talar tilt sign, and inability to perform toe walking, toe standing, or single limb weight-bearing on the right side without assistance. He was ambulating with high top lace up ankle boot without ankle brace underneath for stabilization of gait and does continue to demonstrated difficulty with gait. There was limited right ankle range of motion, excessive on the right because of instability. There was subluxation of the subtalar joint on inversion or stress. X-rays demonstrated no arthritic changes to the ankle joint itself. He continued to perform bus driver activities on a daily and routine basis. The diagnoses included right ankle sprain/strain with chronic tear of the lateral collateral

ligaments and tenosynovitis of peroneal longus and brevis tendon. The treatment plan recommended surgical intervention to stabilize the ankle due to instability of the ankle joint and significant subluxation. In addition, the pre-operative medical clearance and assistant surgeon are included in the surgery request. The 3/24/15 utilization review non-certified the request for right ankle surgery as there was no imaging evidence identifying motion at the ankle or subtalar joint. The associated requests for pre-operative medical clearance and assistant surgeon were non-certified as the associated surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - preoperative testing, surgical assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Although a pre-operative medical clearance would be considered medically necessary for this patient based on age and hypertension, the associated surgical procedure was not found to be medical necessity based on an absence of current imaging. Therefore, this request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - preoperative testing, surgical assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. For the requested surgery, CPT code 27698, the guidelines would consider an assistant surgeon medically necessary. However,

the associated surgical procedure was not found to be medical necessity based on an absence of current imaging. Therefore, this request is not medically necessary.