

Case Number:	CM15-0073182		
Date Assigned:	04/23/2015	Date of Injury:	05/09/2013
Decision Date:	07/31/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 47 year old female injured worker suffered an industrial injury on 05/09/2013. The diagnoses included right knee sprain, left foot sprain/strain severe osteoarthritis, and right foot sprain/strain. The diagnostics included electromyographic studies, right, left ankle, knee x-ray, and left foot computerized tomography. The injured worker had been treated with, medications, physical therapy, acupuncture, injections, TENS unit. On 3/9/2015 the treating provider reported left plantar fasciitis, calcaneal neuritis, ankle fractures and degenerative joint disease of the ankles. The left ankle had significant pain with difficulty with weight bearing status. Surgical intervention was recommended. On 3/16/2015 the treating provider reported right knee pain 3 to 5/10 that was intermittent. There was constant left foot pain with numbness and tingling. The treatment plan included left foot surgery, Knee walker, physical therapy, CAM walker, hot/cold therapy, IF Unit and Shower boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Decompression of descending calcaneal and sural nerves on the lateral aspect of the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pages 374-375, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement, Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go on to recommend referral for early repair of ligament tears which is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 3/16/15 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore the guideline criteria have not been met and the request is not medically necessary.

1 Knee walker: 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 ODG, Ankle section, a rolling knee walker.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 Post operative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 CAM walker: 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 (ODG), Knee and Leg section, Durable medical equipment.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1hot/cold therapy:
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 (ODG), Ankle section, continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 IF Unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): s 117-118.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Shower boot:
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 (ODG), Knee and Leg, DME.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.