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| Case Number: | CM15-0091726 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 07/08/2013 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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:

This injured worker is a 49-year-old male who sustained an industrial injury on 7/8/13. Injury occurred when he was covering the back of a truck and slipped and fell. He reported injury to the left ankle, knee and back. Past medical history was positive for diabetes mellitus, hypertension, high cholesterol, anxiety, and depression. Past surgical history was positive for left knee arthroscopy with partial medial meniscectomy and chondroplasty on 12/12/14. Pre-operative testing prior to knee surgery documented elevated blood sugar and liver function testing. Conservative treatment for the left ankle had included medications, physical therapy, injection, hinged ankle foot orthosis, and activity modification. The 4/14/15 treating physician report cited grade 5/10 constant, stabbing left lateral ankle pain with 4th and 5th digit numbness. A left ankle injection was provided on 3/2/15 with great pain relief for a few days. He was using an ankle brace that helped to provide stability and allowed him to walk better. Standing and walking tolerance was limited to 15 minutes at a time. Left lower extremity exam documented antalgic gait. and painful ankle joint range of motion, particularly with maximum dorsiflexion and plantar flexion. Anterior drawer sign was positive for pain to the peroneal group and anterior ankle. Talar tilt was negative compared to the contra lateral side. There was significant tenderness to palpation over the anterior ankle and along the course of the peroneal tendons where there was mild localized edema. There was 3/5 peroneal muscle weakness. The treating physician reported that his review of imaging showed findings indicative of anterior ankle synovitis with impingement, and a longitudinal split tear within the body of the tendon itself. The diagnosis was chronic left lateral ankle sprain, anterior ankle synovitis with impingement, and peroneus brevis

longitudinal split tear. The treating physician requested an appeal of a prior denial for surgery based on absence of imaging evidence of acute tendon tearing. He reported that the peroneal pathology was chronic and consistent with the history of injury. Physical exam and MRI findings supported the presence of a chronic longitudinal split tear of the peroneus brevis that had not responded to conservative treatment and there was a positive diagnostic injection test. Authorization was requested for left ankle arthroscopy, peroneus brevis tendon repair, pop occupational therapy, pre-operative evaluation to include lab work and EKG if necessary, post-operative medication, and cold therapy unit. The 5/5/15 utilization review non-certified the request for pre-op testing for surgical clearance as the associated surgery was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Testing for Surgical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Although basic lab testing, chest x-ray, and EKG is typically supported for patients of similar age and co-morbidities, the medical necessity of the non-specific lab testing requested could not be established. Therefore, this request is not medically necessary.