
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	3/30/2009
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003956

- 1) MAXIMUS Federal Services, Inc. has determined the request for surgical procedure: subtalar fusion of the left foot **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-op medical clearance to include labs, EKG and chest x-ray **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for DME: post-op pneumatic walking boot **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 10/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for surgical procedure: subtalar fusion of the left foot **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-op medical clearance to include labs, EKG and chest x-ray **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for DME: post-op pneumatic walking boot **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

History of Condition

This is a 53-year-old male with a 3/30/2009 date of injury. A specific mechanism of injury has not been described. 7/1/13 report revealed the patient had profound relief of pain with intra-articular injection of the left subtalar joint. There has been failure of the patient to improve with AFO therapy and physical therapy. Recommendation is for a subtalar fusion.

4/17/13 DPM medical note from Dr. [REDACTED] DPM identified the patient has left foot pain which continues to be severe at the subtalar joint. Stated is a CT scan of the hind foot is planned. 5/22/13 report from Dr. [REDACTED] DPM states CT was reviewed, but no description of the images or report. Described is injection at the subtalar joint with pain relief concluding that referral to Orthopedist, Dr. [REDACTED] will be made for consideration of fusion of the subtalar joint.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/15/2013)

- Medical records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for surgical procedure: subtalar fusion of the left foot:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Ankle and Foot Complaints Chapter 14, pg. 374-375, which is part of Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Ankle and Foot 2007 subtalar fusion. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/30/2009 resulting in degenerative disease of the left tibiotalar joint and healed fractures of the distal tibia and fibula. The medical records provided for review indicate treatments have included physical therapy and a cortisone injection. The request is for surgical procedure: subtalar fusion of the left foot.

ACOEM Guidelines recommend surgery for patients who have clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. There are no recent clinical notes or imaging studies submitted for review to assess the employee's current status and pathology. The request for surgical procedure: subtalar fusion of the left foot **is not medically necessary and appropriate.**

2) Regarding the request for pre-op medical clearance to include labs, EKG and chest x-ray:

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

3) Regarding the request for DME: post-op pneumatic walking boot:

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

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/slm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.