

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	11/6/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004629

- 1) MAXIMUS Federal Services, Inc. has determined the request for **first metatarsal first cuneiform exostectomy of the left foot is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **six post-operative physical therapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **first metatarsal first cuneiform exostectomy of the left foot is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **six post-operative physical therapy 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.

Expert Reviewer Case Summary:

This patient is a female of undetermined age currently requested to undergo a 1st metatarsal cuneiform exostectomy of the left foot and 6 postoperative physical therapy sessions. The documentation submitted for review is comprised of a physician supplemental report and a peer review dated 07/22/2013 indicating denial for services of the 1st cuneiform exostectomy of the left foot and 6 postoperative physical therapy sessions. The documentation submitted for review indicates that the patient sustained a Lisfranc injury along with an ankle fracture on an unstated date. Furthermore, notes indicate that the patient had a 1st metatarsal 1st cuneiform exostosis. Furthermore, notes indicate that currently the patient is unable to wear shoes due to the shoes going over the top of the arch where the 1st metatarsal 1st cuneiform exostosis is located with notes indicating that the patient has severe pain due to being extremely symptomatic.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records submitted by Employee Representative

1) Regarding the request for first metatarsal first cuneiform exostectomy of the left foot:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS, Clean Copy Guidelines pg 13-14.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Wheelless Textbook of Orthopaedics, Accessory Navicular.

Rationale for the Decision:

The Wheelless' Textbook of Orthopaedics indicates the recommendation for the requested surgery following failure of conservative care. Furthermore, the guidelines indicate that radiographs may not be helpful if the accessory ossification is not ossified and the standard oblique of the foot will not show the accessory ossicle in profile. An oblique view would be the radiograph of choice. The documentation submitted for review details the recommendation for the employee to undergo a 1st metatarsal 1st cuneiform exostectomy of the left foot. However, the documentation submitted for this review contained no clinical notes, radiographic studies, or comprehensive evaluation of the employee to determine medical necessity for the requested procedure. The documentation submitted for review does not support the request. **The request for a 1st metatarsal 1st cuneiform exostectomy of the left foot is not medically necessary and appropriate.**

2) Regarding the request for six post-operative physical therapy:

Since the primary procedure is not medically necessary and appropriate, the associated service is not medically necessary and appropriate.

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,

Paul Manchester, MD, MPH
Medical Director

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

/pas

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.