

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	1/10/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004738

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 pre-operative psychological evaluation is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 right foot syme's amputation is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **1 pre-operative psychological evaluation is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 right foot syme's amputation 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.

Expert Reviewer Case Summary:

The patient reported an injury on 01/10/2011. The electrodiagnostic study dated 09/27/2012 reported that the patient had a past medical history significant for type I diabetes. The note reported that the patient's foot became infected at work, and patient had undergone 3 surgeries to include partial amputation of the right #2 digit as well as on the heel of the foot. Testing revealed that the patient had findings consistent with a severe sensorimotor polyneuropathy of the bilateral lower extremities. An MRI of the right foot dated 10/02/2012 revealed widening of the 1st metatarsophalangeal joint with intermediate signal on T1 and bright signal on T2 as well as poor definition of the joint space which could be a manifestation of tophaceous gout. The patient also had an oblique fracture line to the midshaft of the proximal phalanx of the 1st digit and fluid surrounding the soft tissue of the 3rd and 4th proximal phalanges that may represent soft tissue infection or cellulitis. The MRI of the right ankle, completed on 10/02/2012, revealed low signal on T1 and bright signal on T2 on the proximal 2/3 over the talus, distal tibia and anterior portion of the calcaneus which may represent some type of osteoporosis or "neuropathic" changes of the bones. The clinical note dated 10/17/2012 reported that the patient's incisions were healing, but had some contracture in the 1st toe. The patient was given an injection. The QME dated 01/08/2013 reported that the patient had diminished sensation in all toes on the right as well as visible 2+ pitting edema from the knee down to the foot and ankle. A note reported that the patient was not at MMI and would need further active medical care. The MRI of the right foot dated 03/12/2013 revealed nonspecific abnormal signal within the anterior talus, anterior calcaneus, navicular, cuboid, second cuneiform and third cuneiform ossicles. The patient also had marked degeneration of the navicular ossicle. The clinical note dated 04/03/2013 reported that the patient may require amputation of his leg and that may be done at the Syme's level. A utilization review on 07/17/2013 reported that a request for a pre-operative psychological evaluation and right foot Syme's amputation was non-certified.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 1 pre-operative psychological evaluation :
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 Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, pages 100-101, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, pages 100-101, which is a part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for 1 pre-operative psychological evaluation was denied on 07/17/2013 due to a lack of authorization of the concurrent request for surgery. The utilization review indicated that Dr. [REDACTED] agreed that without proper medical treatment, amputation would be premature, and he was unclear if the employee was fully treated. There was no updated documentation submitted for review to address the concerns in the prior denial. The concurrent request for a right foot amputation is not recommended. **The request for 1 pre-operative psychological evaluation is not medically necessary and appropriate.**

**2) Regarding the request for 1 right foot syme's amputation :
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 Official Disability Guidelines (ODG), Infectious Diseases Chapter, Online Version, which is not part of the MTUS.

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 the Official Disability Guidelines, Infectious Diseases Chapter, Online Edition, Bone and Joint infections: osteomyelitis, acute, which is not part of the MTUS.

Rationale for the Decision:

The ODG recommends prolonged antibiotic therapy and surgical debridement depending on severity. The guidelines indicate that osteomyelitis is potentially curable by antibiotics alone without surgery, for young people, but most adults require surgical treatment plus antibiotic therapy. The request for a right foot Syme's amputation was previously non-certified on 07/17/2013 as during conversation with the treating provider on peer-to-peer, it was reported that it was unclear if the employee had been fully treated, and there was agreement that amputation was premature. The documentation submitted for review continues to fail to address the concerns in the previous denial. There is currently a lack of documentation to include labs, bone scans and up-to-date imaging to support the request for amputation surgery. **The request for 1 right foot Syme's amputation 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

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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.