

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: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	11/24/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006566

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient surgery **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for custom AFO **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for nerve block times 1 for diagnostic and therapeutic purposes **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 outpatient surgery **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for custom AFO **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for nerve block times 1 for diagnostic and therapeutic purposes **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:

The patient is a 55-year-old male who reported a work related injury as a result of a fall on 11/24/2010. The patient was status post open reduction and internal fixation of a right medial malleolar ankle fracture as of 11/24/2010. The clinical note dated 07/03/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient has been treated with the following interventions: foot orthotic, ultrasound machine, physical therapy, acupuncture, medication regimen, TENS unit, and corticosteroid injections. The provider documents the patient has self-treated with his TENS unit, which appears to help greater than the ultrasound, and has purchased over the counter soft inserts, which the patient reports are more effective than custom orthotics. The provider documents the patient utilizes Lyrica as well as a Lidoderm patch for his pain complaints. The provider documented, upon physical exam of the patient's right foot, the patient reports he feels his foot would give out of him and ankle will give out on him, so he has to be more careful. Sharp pain and instability occurs. There is functional instability that requires stabilization with use of bracing. The patient has an antalgic gait on the right side and guarded on the right side, producing symptoms throughout his right lower extremity. Per the provider, this can be helped with the use of a functional stabilization and custom AFO. The provider subsequently recommended a custom AFO, nerve block, Lidoderm patch, Lyrica, and percutaneous decompression along the previous entrapment neuritis scar area of the right heel, calcaneal and calcaneal branch and posterior tibial nerve of the right, and cryoablation of the calcaneal branch posterior tibial nerve and of the plantar fascia.

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 [REDACTED]
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for outpatient surgery:

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 Guidelines, Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) and the and the Official Disability Guidelines, Chapter on Surgery for Tarsal Tunnel Syndrome, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the the MTUS Guidelines, Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) as well as the Official Disability Guidelines (ODG), Surgery for Tarsal Tunnel Syndrome, pg 374-375, which is not part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination due to a lack of criteria having been met, per guidelines. California MTUS/ACOEM indicates, "Surgical consultation/intervention may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, failure of exercise programs to increase range of motion and strength within the musculature around the ankle and foot, and 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 clinical notes show the employee has persistent entrapment neuritis. However, the requested operative procedures that Dr. [REDACTED] is recommending for the employee are under study and/or investigational by the Official Disability Guidelines, including cryoablation. As the current operative procedures are not supported via guidelines and the employee does not meet criteria for tarsal tunnel syndrome, the request is not supported. The clinical notes did not evidence electrodiagnostic studies of the employee's right lower extremity to support the requested intervention. **The request for outpatient surgery is not medically necessary and appropriate.**

2) Regarding the request for custom AFO:

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 Guidelines, Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14 and the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 371, which is part of the MTUS.

Rationale for the Decision:

California MTUS/ACOEM indicates, "Rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." The current request previously received an adverse determination as the employee had previously been approved for bracing. The most recent clinical documentation reports, "He has self treated with use of TENS unit which seemed to help greater than the ultrasound and has purchased over the counter soft inserts which feel better than the custom hard orthotics." The clinical notes evidence the employee has been fitted for multiple AFO custom orthotics and reports poor efficacy with these interventions for the pain complaints to the right lower extremity. **The request for custom AFO is not medically necessary and appropriate.**

3) Regarding the request for nerve block times 1 for diagnostic and therapeutic purposes:

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), Foot Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 371, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination due to the provider had documented on the clinical note dated 07/03/2013 that the employee had undergone an injection for calcaneal nerve entrapment, and subsequent good relief of symptoms was evidenced. The provider documented the nerve block was for diagnostic and therapeutic purposes; however, as noted in the previous adverse determination, there is no guideline support for a series of injections, and the employee had previously undergone a diagnostic injection. **The request for nerve block times 1 for diagnostic and therapeutic purposes 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.