

Case Number:	CM13-0027296		
Date Assigned:	06/06/2014	Date of Injury:	05/17/2011
Decision Date:	07/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 34 year old male who injured her left ankle on 5/17/2011. He was later diagnosed with ankle enthesopathy, ankle joint pain, difficulty walking, anxiety state, sleep disturbance, depressive disorder, tenosynovitis of the ankle/foot, ganglion, and adjustment reaction-mixed emotion related to his ankle injury. He was treated with conservative treatment and later surgery (3/12) after his ankle pain continued to be recurrent with activity. After surgery, he remained with recurrent left ankle pain. He was seen on 9/10/13 by his treating physician complaining of frequent pain in his left ankle (8/10 rating) with numbness and difficulty walking and standing due to the pain. He reported having swelling and a burning sensation in his left ankle. He reported using an ankle brace which helped. The swelling was reportedly more in the sole of his foot and his pain also travelled to his left foot and toes with numbness and tingling into his toes. Physical examination revealed nonspecific tenderness of the left ankle and foot and normal reflexes. He was recommend to continue his chiropractor visits and his medications. He was also recommended to follow-up with an orthopedic consultation for evaluation, treatment and pain medication management. He was also recommended to follow up for a psychological evaluation. Prior to this visit, he had been recommended by another physician to see a neurologist for evaluation of persistent radicular symptoms and possible complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH DR FOR ORTHOPEDIC CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Page 127.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the criteria seems to be met as there is question if the patient has complex regional pain syndrome or not and there may be a possibility of nerve compromise with the patient's numbness and tingling. Although the previous reviewer had suggested more physical examination findings would be better to justify referral, however, this seems to be a complicated case. Having the opinion of the orthopedic as well as a neurologist seems prudent for this evaluation. Therefore, the orthopedic consultation follow-up is medically necessary.

NEUROLOGICAL CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Page 127.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the criteria seems to be met as there is question if the patient has complex regional pain syndrome or not and there may be a possibility of nerve compromise with the patient's numbness and tingling. Although the previous reviewer had suggested more physical examination findings would be better to justify referral, however, this seems to be a complicated case. Having the opinion of the orthopedic as well as a neurologist seems prudent for this evaluation. Therefore, the neurology consult is medically necessary.

