

Case Number:	CM13-0029351		
Date Assigned:	11/01/2013	Date of Injury:	09/09/2011
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 physician 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 patient is a 45-year-old female who reported an injury on 09/09/2011, as a result of walking, which caused a snap in her right foot, resulting in immediate pain in the right ankle. The patient was initially treated with physical therapy and acupuncture for a right ankle sprain. The patient underwent a magnetic resonance imaging (MRI) that revealed partial tears to the peroneal longus tendon and plantar fasciitis. The patient continued to have significant pain interfering with the ability to ambulate that was also nonresponsive to corticosteroid injections. The patient underwent surgical repair of the right peroneus longus tendon. The patient was treated postoperatively with physical therapy. The patient had continued pain, numbness, and stiffness of the right foot. The patient's diagnoses included an ankle sprain and lumbosacral neuritis. The patient's treatment plan included continuation of medications and aquatic therapy, and consultation with a podiatrist and internal gastrologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consult for gastritis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offician Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, pg. 163.

Decision rationale: The requested internal medicine consult for gastritis is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of gastrointestinal disturbances. There is no indication that the employee is at risk for gastrointestinal events. The ACOEM guidelines recommend a specialty consultation when a patient's diagnoses or symptoms would benefit from additional expertise. The clinical documentation submitted for review does not provide any evidence of deficits that would require additional expertise. As such, the requested internal medicine consultation for gastritis is not medically necessary or appropriate.