

Case Number:	CM13-0041156		
Date Assigned:	12/20/2013	Date of Injury:	07/15/2012
Decision Date:	02/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 07/15/2012. The mechanism of injury was stated to be the patient was struck by a baby's warming cart. In the documentation of 09/11/2013, the patient was noted to be seen by an orthopedist on 03/07/2013 where the orthopedist opined the patient had minimal objective findings and a minor defect in the left Achilles tendon. The patient was noted to have no visible anterior talofibular ligaments in both ankles and the physician opined that had no clinical significance. The physician further opined that the patient's complaints outweighed the clinical and radiographic findings. The patient's diagnoses were noted to include ankle pain and foot pain. It was indicated that the patient had a CT scan, which was not provided for review that showed degenerative changes and possible non-united apophysis of the first MT base. The request was made for a consultation with an orthopedist for bilateral feet and ankles and a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedist for bilateral feet/ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-362.

Decision rationale: ACOEM Guidelines indicate that patients recovering from an acute foot and ankle injury or infection should be encouraged to return to modified work as soon as their condition permits and if symptoms persist more than 4 weeks, a referral to a specialist may be indicated. In the documentation of 09/11/2013, the patient was noted to be seen by an orthopedist on 03/07/2013 where the orthopedist opined the patient had minimal objective findings and a minor defect in the left Achilles tendon and it was further opined from the 03/07/2013 visit with the orthopedist, that the finding of no visible anterior talofibular ligaments in both ankles had no clinical significance. On the visit of 09/11/2013, the patient was noted to have a VAS score of 7/10 and upon inspection, the Achilles, medial, and lateral sides of the left ankle had edema and pain. The patient's muscle strength was noted to be 3/5 in the dorsiflexors and plantar flexors. The patient's range of motion was noted to be limited to 15 degrees in dorsiflexion and 20 degrees in plantar flexion. Neurologically, the patient had decreased sensation to light touch in a non-anatomical distribution. The patient's right ankle examination revealed pain to palpation in the Achilles tendon, medial and lateral sides. The patient's muscle strength was noted to be 3/5 in dorsiflexion and plantar flexion. The patient's range of motion was noted to be limited to 20 degrees in dorsiflexion and 30 degrees in plantar flexion along with decreased sensation to light touch in a non-anatomical distribution. There was lack of documentation of additional findings or a significant change in symptoms to indicate the patient had necessity to return to an orthopedist for bilateral feet and ankles. Given the above, the request for Consultation with an orthopedist for bilateral feet/ankles is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a Urine drug test is not medically necessary.