

Case Number:	CM13-0057686		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2011
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic foot, ankle, shoulder, low back pain, headaches, and derivative depression reportedly associated with an industrial injury of November 5, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, and on total temporary disability. In an Utilization Review Report of October 24, 2013, the claims administrator partially certified a request for psychiatry consultation and treatment as psychiatry consultation alone. A second opinion consultation with a foot and ankle specialist, however, was denied outright. The applicant's attorney subsequently appealed. An earlier note of November 29, 2013 is notable for comments that the applicant reports persistent multifocal ankle, knee, shoulder, and low back pain. The applicant is depressed, unable to sleep, and having headaches. The applicant is seven months' pregnant. The applicant is given diagnoses of ankle fracture, shoulder internal derangement, lumbar neuritis. The applicant is placed off of work, on total temporary disability. An earlier note of September 6, 2013 is again notable for comments that the applicant is having anxiety attacks, panic attacks, multifocal ankle, shoulder, and low back pain. The applicant is depressed, it is reiterated. The note is handwritten. The applicant exhibits a guarded gait and has limited range of motion and tenderness about the injured ankle. The applicant is again placed off of work, on total temporary disability. It is stated that the applicant needs to consult a psychiatrist to address her panic attacks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist consult and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS Guideline in ACOEM: "If symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated." In this case, the applicant has longstanding mental health complaints. She is depressed, anxious, and having panic attacks. She is off of work, on total temporary disability. Obtaining the added expertise of a mental health professional is indicated and appropriate here. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

Second opinion with foot and ankle specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted in the MTUS Chronic pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to "reconsider the diagnosis" and decide whether a specialist evaluation is necessary. In this case, the applicant's longstanding foot and ankle complaints, coupled with the fact that she remains off of work, on total temporary disability should lead the attending provider to reconsider the operating diagnosis of unspecified ankle fracture and obtain a specialist evaluation. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.