

Case Number:	CM13-0065011		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2011
Decision Date:	08/06/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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 Emergency 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 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:

Patient with reported date of injury on 6/20/2011. No mechanism of injury was provided. Pt has a diagnosis of sleep problems, chronic pain, lumbar spine pain post surgeries, R foot strain, R knee strain and depression. Patient is post lumbar fusion at L5-S1 on 7/26/13. Medical records reviewed. Reports up to 6/6/2014 was sent. Most recent reports are not relevant to the original UR requested which was requested on 11/5/13 since prospective data does not retrospectively change the criteria used for the original UR. Records were reviewed until 10/28/13. Many of the reports and notes are hand written and barely legible. Many of the reports are very brief and provide very little information and are often just template check off boxes. Records seem to show complain of feet pain, especial L ankle pains for months. Pt has complains of discomfort in bilateral soles of feet. Sharp electrical shocks to edge of sole of feet. Exam provided is limited. Notes diminished L ant thigh, L lateral calf and L lateral ankle diminished sensation. A brief note on hypersensitivity to L lateral foot. Many of the reports concerning back exams and sleep apnea testing is not relevant to this review. No medication list was provided. Some of the reported medication are flexeril, norco, tramadol and Lyrica. Independent Medical Review is for orthopedist consultation for R foot. Prior Utilization Review on 11/13/13 approved psychiatric followup but recommended non-certificaiton for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIST CONSULTATION FOR THE RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per ACOEM Guidelines, the vast majority of ankle and foot complaints can be handled by primary treating physicians unless red flags are noted or pain has been ongoing for 4 months after persistent treatment. There is no proper exam of the affected leg provided and there is no documentation of attempted treatment. There are no red flags documented. The provided limited documentation supports more likely neuropathic pain and yet there is no EMG/NCV on record and there is no X-rays or other imaging of the affected foot provided. The documentation fails to support the need for orthopedic consultation for foot pain. The request is not medically necessary.