

<b>Case Number:</b>	CM14-0007837		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Internal 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:

The injured worker is a 73 year old male who was injured on 04/12/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy to the right ankle. Diagnostic studies reviewed include MRI of the right foot dated 10/28/2010 demonstrated healing fracture of first metatarsal shaft; there is mild bone marrow edema at the base of the second metatarsal; findings of osteoarthritis at first metatarsophalangeal joint. Progress report dated 11/11/2013 states the injured worker complained of constant severe right foot pain. He reported his pain is keeping him up at night and it is unrelenting. He also reported it migrates into the left knee on exam, sensation is within normal limits of the bilateral feet and motor strength is 5/5. Diagnosis is right foot metatarsalgia. Progress report dated 01/07/2014 states the injured worker presented with right foot pain and 2nd, 3rd, digit hammer toes. He is unable to walk due to the increased swelling. On exam, he had swelling present of the 2nd and 3rd digits of the right foot. He had decreased range of motion with swelling and tenderness to palpation. He was recommended for a follow-up visit/orthopedic evaluation for the right foot. Prior utilization review dated 01/17/2014 states the request for follow-up visit- orthopedic evaluation for the right foot is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up Visit orthopedic evaluation for the right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**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) Chapter 7, Independent Medical Examinations And Consultations, page(s) 503.

**Decision rationale:** The guidelines recommend referral to a specialist when deemed medically necessary by the treating provider. The clinical notes do not adequately document the indication for orthopedic follow up. The most recent clinical notes did not discuss the indication for orthopedic follow up. It is unclear what specific symptoms are present and what treatment plan is outlined for the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.