

Case Number:	CM14-0019921		
Date Assigned:	04/28/2014	Date of Injury:	07/08/2009
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 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 patient is a 52-year-old male who has submitted a claim for left Achilles rupture associated with an industrial injury date of July 8, 2009. Medical records from 2013-2014 were reviewed. There was sparse subjective and objective information. The patient complained of left ankle pain. There was occasional numbness when his shoe is tight or with a sock on. Physical examination showed decreased range of motion of the left ankle. There was noted tenderness and swelling on the left ankle. Imaging studies were not made available. The treatment to date has included Naproxen. Utilization review, dated January 31, 2014, denied the request for consultation with [REDACTED]. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary.

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 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, it was not clear as to what specialty the patient is being referred to. There was no rationale for the requested service. There was no documentation of an uncertain diagnosis or psychosocial factors. The submitted medical records were sparse. The medical necessity has not been established due to insufficient information. Therefore, the request for consultation with [REDACTED] is not medically necessary.