

Case Number:	CM14-0125027		
Date Assigned:	08/13/2014	Date of Injury:	11/08/2013
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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 35 year old male who had a work related injury on 11/08/13. He states that he has to fuel the aircraft on a daily basis. The injured worker claims that he was placing the aircraft fuel stand right underneath the wing so that he is able to fuel the aircraft. The injured worker claims that the latches were broken of the fuel stand and he continued to use his left foot in an awkward way to secure the latches so the fuel stand would not move. Therefore, he relates that he began to experience sharp pain in his left foot. The injured worker reported his injury to his supervisor who referred him for medical care and was treated with physical therapy, x-rays were obtained and started on medication. The injured worker was then placed on modified duty with restrictions in January of 2014 and he continues to work fueling 6-7 aircrafts per day, but prior was performing 10-13 aircrafts per day. X-ray of the left foot dated 05/21/14 unremarkable foot study. The most recent medical record submitted for review is dated 05/15/14. The injured worker complains of left foot pain that is present all the time. There is no numbness or tingling in his foot. The injured worker denies any radiation of pain. His pain increases with prolonged standing or walking. The injured worker notes that he wears an air support for his left foot on a daily basis and has difficulty with prolonged standing and walking to a store or walking on a street for exercise more than 30 minutes. The injured worker has pain when walking, ascending or descending stairs, or bending the foot and states that he is in fear of lifting and carrying his baby because he feels that he will lose his balance due to his left foot pain. The injured worker suffers from depression because of the inability to function as before and is afraid that his left foot will not get any better. The injured worker claims that he experiences stress, anxiety, and frustration because of the pain. Physical examination lower extremity measurements are calf right is 38, left is 48. Thigh on the right is 53, 54 on the left. The injured worker has normal strength in the left foot. There is edema in the sole of the foot compared to the right foot exam.

Diagnoses left foot strain possibly secondary to tendinopathy. Insomnia. Depression secondary to industrial injury. Prior utilization review on 07/22/14 was non-certified. 13344

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychology: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The request for consultation with psychology is medically necessary. The clinical documentation submitted for review supports the request. He states that he is in fear of lifting and carrying his baby because he feels that he will lose his balance due to his left foot pain. The injured worker suffers from depression because of the inability to function as before and he is afraid that his left foot will not get any better. The injured worker claims that he experiences stress, anxiety and frustration because of the pain. As such, medical necessity has been established.