MAXIMUS Federal Services

| Case Number: | CM14-0160226 | | |
|---|---|---|---|
| Date Assigned: | 10/03/2014 | Date of Injury: | 07/21/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

## 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:

Patient has a date of injury on 7/21/2012. Patient was standing on a forklift as it was moving lost control and crashed. Patient fell and had an open ankle fracture. Patient had surgery which included open reduction internal fixation of the ankle. Patient continued to have ankle pain after standing for periods of time. Patient had a second surgery which included arthroscopic debridement. Patient felt mildly better afterwards. Patient also had cortisone injection to the ankle. Diagnosis include: Right traumatic arthropathy of the ankle and foot, Right late effect of fracture of lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**History and Physical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

**Decision rationale:** Based on the medical records there is no need for a history and physical since one has already been done. There is no indication as to why a repeat history and physical is needed and thus is not medically necessary.