

Case Number:	CM14-0179019		
Date Assigned:	11/03/2014	Date of Injury:	05/27/2013
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgery 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:

This is a 51-year-old male with a 5/27/13 date of injury. The mechanism of injury occurred when he fell off a ladder, grabbed a tree branch on the way down, and struck his face and left leg. According to a progress report dated 10/16/14, the patient complained of pain in his left foot, rated at 5/10. The pain was most prominent in his heel and along the toe line. He also complained of a headache at least 3 times a week. The provider has requested referral to a podiatrist for the left foot and for upgraded orthotics. Objective findings: mild generalized non-pitting edema of left foot, plantar flexion 25/40 degrees, dorsiflexion 10/15 degrees, inversion 20/30 degrees, and eversion 15/20 degrees. Diagnostic impression: status post severe ankle strain on left, status post orbital fractures on left. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/3/14 certified the request for additional x-rays left ankle. The claimant had persistent pain and edema and has failed conservative treatment including medication and activity modification. The request for treatment with podiatrist left ankle was modified to allow for consultation at this time. The claimant is indicated to have persistent symptomology and abnormal exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional X-Rays Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 366-367.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines 9792.23.7 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter - X-ray

Decision rationale: California MTUS states that special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In the present case, there is no indication on physical exam or subjective complaints, and no red flags, to support the medical necessity for additional X-rays. However, the UR decision dated 10/3/14 certified this request for additional X-rays of the left ankle. It is unclear why a duplicate request is being made at this time. Therefore, the request for Additional X-rays left ankle was not medically necessary.

Treatment with Podiatrist Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 366-367.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, this is a request for treatment with a podiatrist. The request for treatment with a podiatrist was modified to allow for consultation at this time in a UR decision dated 10/3/14. Treatment cannot be considered for certification until after the consultation is completed and a treatment plan is submitted for review. Therefore, the request for Treatment with Podiatrist left ankle was not medically necessary.