

Case Number:	CM14-0182810		
Date Assigned:	11/07/2014	Date of Injury:	02/14/2011
Decision Date:	12/30/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The patient is a 54-year-old female who has submitted a claim for lumbar degenerative disc disease and status post left ankle lateral ligament reconstruction associated with an industrial injury date of 2/14/2011. Medical records from 2014 were reviewed. The patient complained of pain in the low back, right knee, right foot, neck, and bilateral shoulder. The pain was rated 6/10 in severity aggravated by bending, lifting, twisting, prolonged standing, prolonged sitting, and walking. Physical examination of the right knee showed limited motion, crepitus, and tenderness. Examination of the left ankle showed tenderness. Decreased range of motion and tenderness of the lumbar spine were noted. Reflexes were hypo-reactive in the knees and ankles. Sensation was intact. MRI of the right knee, dated 6/24/2014, showed evidence of increased signal within the insertion of the gastrocnemius. A partial tear of the anterior cruciate ligament, posterior horn of medial meniscus and chondromalacia were also observed. Treatment to date has included left ankle lateral ligament reconstruction, physical therapy and medications. The utilization review from 10/24/2014 denied the request for consultation with orthopedic surgeon because of unclear documentation. The patient complained of left foot / ankle pain however there was no comprehensive examination provided for review. There was likewise no data concerning conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

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, the patient complained of pain at the low back, right knee, right foot, neck, and bilateral shoulder. The pain was rated 6/10 in severity aggravated by bending, lifting, twisting, prolonged standing, prolonged sitting, and walking. Physical examination of the right knee showed limited motion, crepitus, and tenderness. Examination of the left ankle showed tenderness. There was decreased range of motion and tenderness of the lumbar spine. Reflexes were hypo-reactive in the knees and ankles. Sensation was intact. MRI of the right knee, dated 6/24/2014, showed evidence of increased signal within the insertion of the gastrocnemius. A partial tear of the anterior cruciate ligament, posterior horn of medial meniscus and chondromalacia were also observed. The patient underwent left ankle lateral ligament reconstruction and physical therapy. However, the present request, as submitted, is ambiguous. There is no body part specified for consultation. A clear rationale for referring patient to another specialist is also lacking as an orthopedic surgeon is already seeing the patient; latest office visit is dated 7/24/2014. The medical necessity cannot be established due to insufficient information. Therefore, the request for consultation with orthopedic surgeon is not medically necessary.