

<b>Case Number:</b>	CM14-0029374		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/19/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation 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 64-year-old female who reported a blow to the knees on 08/19/2001. On 06/14/2012, she complained of a constant, dull daily pain to her left ankle. She stated that her symptoms increased with standing or walking over 20 to 30 minutes and improved with rest. Her medications included ibuprofen 600 mg, omeprazole 20 mg, tramadol of an unknown dose, diazepam 180 mg, Xanax 25 mg, and an unknown diuretic. She also complained of pain in the right ankle, both knees and lower back radiating to both lower extremities. She reported difficulty standing, walking, rising from a chair, climbing stairs, driving, shopping, and getting in or out of a car. Ranges of motion of her left ankle measured in degrees were extension 20/20, plantarflexion 40/50, inversion 30/35, and eversion 20/25. Her diagnoses included peroneal tendonitis of the left ankle. In a progress report dated 02/18/2014, there was no mention of her left ankle. In an orthopedic progress note also dated 02/18/2014, the only mention of her left ankle, was in the diagnosis section of the note, where it said left ankle. An MRI of the left ankle dated 01/24/2011 revealed tendonitis and mild to moderate osteoarthritic changes with no evidence of fracture, contusion, or avascular necrosis. There was no evidence of a ganglion cyst. A Request for Authorization dated 02/24/2014 was included with the documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral evaluation and treatment, left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Office visits.

**Decision rationale:** The request for referral eval and treat, left ankle is not medically necessary. The ODG recommends office visits as determined to be medically necessary. Evaluation and management of patient visits to the offices of medical doctors plays a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is insufficient documentation submitted to warrant a referral for evaluation and treatment of the left ankle. Since this injured worker also complains of bilateral knee, right ankle and low back pain radiating to both lower extremities, it is difficult to ascertain whether her functional limitations are specifically due to her left ankle discomfort. Additionally, the request did not identify a specific discipline for the referral. Therefore, this request for referral eval and treat, left ankle is not medically necessary.