

<b>Case Number:</b>	CM14-0035232		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 claimant is a 51 year old male injured worker who was injured in a work related accident on 10/30/12. The medical records provided for review include a 05/29/14 progress report documenting follow up for work related complaints to his low back. Subjective documentation reveals the complaints of low back pain, bilateral lower extremity radicular pain predominantly in the left lower extremity and left foot complaints. Physical examination findings showed a slightly antalgic, positive Tinel's and Phalen's testing with diminished sensation in a median nerve distribution in the left wrist. Examination of the bilateral feet revealed plantar fasciitis, tenderness to palpation and reduced ankle range of motion. The claimant was diagnosed with left carpal tunnel syndrome and left foot pain. A past medical history of a plantar fascia release in 2011 was noted. There was no documentation of electrodiagnostic studies or imaging of the claimant's hand or foot for review. This review is for the recommendation for referral for an ankle and foot specialist and a hand specialist for further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with foot/ankle specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

**Decision rationale:** Based on the ACOEM Guidelines, referral to a foot and ankle specialist would not be indicated. The medical records document that the claimant is status post a prior plantar fascia release in 2011. There is no documentation of imaging reports or failure conservative care of the foot or the ankle that would support the acute need of a referral to a specialist. Without the above documentation, referral to a foot and ankle specialist cannot be recommended as medically necessary.

**Consultation with hand specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

**Decision rationale:** While the claimant is noted to have a positive Tinel's and Phalen's testing on examination consistent with carpal tunnel syndrome, there is no documentation of electrodiagnostic studies of the claimant's upper extremities to confirm the diagnosis or support the acute need of specialist referral. The request in this case is not supported as medically necessary.