

Case Number:	CM14-0038576		
Date Assigned:	06/27/2014	Date of Injury:	06/12/2013
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

The patient is a 30-year-old male who has submitted a claim for left ankle pain status post open reduction and internal fixation with possible arthrosis, and left great toe sesamoiditis, associated with an industrial injury date of June 12, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder pain rated 5/10, right ankle pain rated 7/10, and left ankle pain rated 6/10. Physical examination showed an antalgic gait secondary to left lower extremity symptoms. Left foot and ankle examination showed tenderness over the joint line anteriorly and laterally, and over the sesamoid bones of the great toes; decreased motor strength at 4/5 on dorsiflexion, plantarflexion, inversion and eversion; and 1+ patellar and Achilles reflexes. The diagnoses were left ankle pain status post open reduction and internal fixation with possible arthrosis, and left great toe sesamoiditis. Treatment plan includes a request for orthopedic re-evaluation within six weeks. Treatment to date has included oral analgesics and left ankle ORIF. Utilization review from March 26, 2014 denied the request for orthopedic re-evaluation within six weeks because there was no documentation of any specific treatment that was recommended at the time of office visit date January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic re-evaluation within six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, 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. In this case, there was no objective evidence of red flag signs or case complexity that warrant orthopedic consultation. Moreover, there was no evidence of exhaustion and failure of conservative treatment. The medical necessity for orthopedic consultation is not established at this time. Therefore, the request for orthopedic re-evaluation within six weeks is not medically necessary.