

<b>Case Number:</b>	CM14-0060124		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Internal 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 an injured worker with the diagnoses of status post right ankle open reduction internal fixation (ORIF) with partial removal of hardware, bilateral ankle tendinosis and arthralgia, status post right knee arthroscopic surgery with residual pain, chronic lumbar pain with radiculopathy, upper extremity neuropathy, right shoulder tendinosis, depression/anxiety, obesity. Date of injury was 11-21-2009. A progress report dated February 25, 2014 was provided by [REDACTED]. The patient returned to clinic in a wheelchair, continues to struggle with left foot pain and stating the injection that was rendered a few months ago did help however, the pain has increased again. The patient states the pain is about 6 to 7 out of 10 and constant numbness, tingling, burning, sensation occurs to the plantar aspect of the foot area, especially first and second interspaces. The patient is not interested in any more injections at this time. She is interested in having some creams and needs a refill of all medications at this time. The patient states weakness also occurs from the lumbar area radiating distally on the right side as well. Lower extremity exam positive findings below the knee joint were documented. Muscle testing was 4/5 of the tibialis anterior, tibialis posterior, peroneus longus, peroneus brevis, gastrocnemius, soleus muscles bilaterally. Sensory testing showed moderately hypersensitive of the lateral sural (L4-S2), superficial peroneal (L4-S1), sural (SI, S2), deep peroneal (L4, L5), medial plantar (L4, L5), lateral plantar (L4, L5), medial calcaneal (L4, L5), lateral calcaneal (L4, L5) nerves; left and moderately hypersensitive of the lateral sural (L4-S2), sural (SI, S2) nerves. There is increased pain with palpation of left second and third interspace, with mediolateral squeeze of metatarsal heads two and three, left sinus tarsi, left peroneal tendon-and with distraction impaction of left ankle joint, worsened since last visit. Ankle ranges of motion are guarded, and 48/60 for metatarsophalangeal joint (MPJ) extension, 16/60 for MPJ flexion, 16/20 for Dorsiflexion and 32/40 for Plantar Flexion, 24/30 subtalar inversion, 16/20 subtalar eversion,

of the left ankle and 12/20 for Dorsiflexion and 24/40 for Plantar Flexion, 18/30 subtalar inversion, and 12/20 subtalar eversion of the right ankle. Impressions were status post open reduction internal fixation; right ankle secondary to fracture, neuritis left first, second, and third interspace, metatarsalgia left, plantar fasciitis left, sinus tarsi syndrome bilateral, peroneal tendonitis bilateral, edema bilateral, bursitis bilateral, myalgia bilateral, and pain bilateral. Treatment plan included Naprosyn, Tramadol ER, Cyclobenzaprine, and Pantoprazole. Primary treating physician pain management report dated February 4, 2014 documented the diagnoses status post right ankle ORIF with partial removal of hardware, bilateral ankle tendinosis and arthralgia, status post right knee arthroscopic surgery with residual pain, chronic lumbar pain with radiculopathy, upper extremity neuropathy, right shoulder tendinosis, depression/anxiety, obesity. Physical examination was documented. There is no sign of sedation. She is alert and oriented. Gait is antalgic. She is using crutches for ambulation. There is no lower extremity edema. Medications included Norco, Buspar, Anaprox, Wellbutrin, and Prilosec. Request for authorization (RFA) dated 02-17-2014 documented request for podiatry consultation and pharmacological management as appropriate. Utilization review decision date was 02-28-2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Podiatry Consultation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. 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:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicates that referral for surgical consultation is indicated for patients who have active surgical issues. ACOEM Chapter 7 Independent Medical Examinations and Consultations states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The medical records document the diagnoses of status post open reduction internal fixation, right ankle secondary to fracture, neuritis left first, second, and third interspace, metatarsalgia left, plantar fasciitis left, sinus tarsi syndrome bilateral, peroneal tendonitis bilateral, edema bilateral, bursitis bilateral, myalgia bilateral, pain bilateral, status post right ankle open reduction and internal fixation (ORIF) with partial removal of hardware, bilateral ankle tendinosis and arthralgia. The medical records indicate that there are active podiatric conditions. Therefore, podiatry consultation is medically necessary. Therefore, the request for one podiatry consultation is medically necessary.

#### **1 Pharmacological Management: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**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:** The ACOEM Chapter 7 Independent Medical Examinations and Consultations guidelines, states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. Pharmacological management was requested. The type of provider was not specified. The specialty of physician was not specified. The reason and rationale for pharmacological management was not documented. Medical records do not define, specify, or justify the request for pharmacological management. Therefore, the request for one pharmacological management is not medically necessary.