

<b>Case Number:</b>	CM14-0073783		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/15/11. A utilization review determination dated 5/16/14 recommends non-certification of orthopedic consult and treatment for the left ankle. A 5/22/14 medical report identifies left ankle pain 9/10. On exam, there is limited eversion and inversion on the left compared to the right. X-rays were reported negative for joint space narrowing and showed s/p (status post) ORIF (open reduction internal fixation) bimalleolar fracture of the left ankle. The patient was reported as s/p ORIF bimalleolar fracture left ankle with repair of peroneal tendon tear and debridement of osteochondral defect on 1/4/12. Recommendations include a consult and treat with another physician for nonunion of the medial malleolus as recommended by the QME (qualified medical evaluator). A 1/6/14 QME report notes that x-ray findings are suggestive of nonunion of the medial malleolus and a revision of the nonunion will be needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ankle Orthopedic Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009 ACOEM 2nd Edition Guidelines Chapter 7 Page 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for Left Ankle Orthopedic Consult, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient is noted to have a nonunion of the medial malleolus. The provider requested consultation and treatment with another physician with regard to the ankle. No rationale was provided for the consultation, but a search of online resources revealed that his practice focus is on surgery of the shoulder and knee. As such, consultation with another orthopedic surgeon who presumably does focus on ankle injuries would be appropriate. In light of the above, the currently requested Left Ankle Orthopedic Consult is medically necessary.

**Left Ankle Orthopedic Treat (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for Left Ankle Orthopedic Treat (unspecified), California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient is noted to have a nonunion of the medial malleolus. The provider requested consultation and treatment with another physician with regard to the ankle. No rationale was provided for the consultation, but a search of online resources revealed that his practice focus is on surgery of the shoulder and knee. While consultation with another orthopedic surgeon who presumably does focus on ankle injuries would be appropriate, the need for any specific treatment will depend in part on the results of that consultation. In light of the above, the currently requested Left Ankle Orthopedic Treat (unspecified) is not medically necessary.