

Case Number:	CM14-0101405		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	01/26/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 Interventional spine 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 patient is a 47 year old male with an injury date of 5/10/13. Based on the 5/23/14 progress report, this patient complains of right ankle pain with fracture and right foot pain. Exam of right ankle and foot noted tenderness to the cuboid bone, calcaneus dome and Achilles tendon. Foot and ankle ROM (normal results in parenthesis):-Right dorsiflexion: 10 degrees w/pain (15).-Right plantar flexion: 30 degrees w/pain (50).-Right eversion: 10 degrees w/pain (20).-Right inversion: 15 degrees w/pain (35).Impressions:1. Right ankle strain/sprain with fracture by history, rule out internal derangement.2. Right foot strain/sprain, rule out internal derangement.3. Bilateral knee strain/sprain with left side greater than right, rule out internal derangement.4. Lumbo-sacral strain/sprain, rule out disc herniation.Work status as of 5/23/14: Patient is considered temporarily totally disabled through 7/23/14 as he may not perform modified work. (Work status as of 5/6/14: return to full duty without restrictions.) The utilization review being challenged is dated 6/4/14. The request is for a podiatry consult for the right ankle, which was not certified to do the lack of documentation of prior trial of conservative therapy. The requesting provider has provided reports from two reports: 5/6/14 and 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consult-for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS , 2009, Chapter 7, page

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127

Decision rationale: This patient presents right ankle and foot pain. The treater requests a podiatry consult for the right ankle per report dated 5/23/14. ACOEM guidelines state, "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." Per the 5/23/14 report, the treater referred this patient to a podiatrist to evaluate right ankle/foot symptoms. This patient reports pain and tenderness with his right foot and ankle, but no scale was used to gauge the level of the pain. Furthermore, with the exception of limited range of motion for the right ankle and foot (refer to summary above), all other exams/tests that were performed on the right ankle/foot fell within normal limits. Also, according to the 5/6/14 progress report, clinical notes indicate this patient was under the care of a podiatrist (D.P.M.), who recommended steroid injection therapy times 3 and Motrin. Review of submitted documents do appear to clinically support diagnoses that warrant a podiatry consult as a medical necessity. However, the patient has already received podiatry consultation and evaluation. The treater does not explain why another referral is being made, whether or not a second opinion is being sought and if so, for what reason. Given the lack of documentation with regards to other failed/attempted therapies and modalities, as well as the outcome(s) to the podiatrist's recommended treatment, the request is not medically necessary.