

Case Number:	CM14-0187280		
Date Assigned:	11/17/2014	Date of Injury:	09/13/2012
Decision Date:	01/20/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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, is Fellowship trained in Foot and Ankle Surgery and is licensed to practice in Massachusetts, Nebraska and Texas. 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 injured worker is a 56 year old female with a reported date of injury of September 13, 2012. Results of the injury included injuries to the cervical spine, right shoulder pain, intermittent right wrist pain, right hip pain, and right ankle and foot pain. Diagnosis include status post C3 through C7 cervical hybrid reconstruction, cervicgia, lumbar discopathy, carpal tunnel/double crush syndrome, right shoulder impingement syndrome with partial rotator cuff tear, rule out internal derangement bilateral hips, and right foot and ankle sprain with Achilles tendinitis and plantar fasciitis. The latest physician progress report submitted for this review is documented on 09/08/2014. The injured worker presented with complaints of intermittent pain in the cervical spine, right shoulder, right wrist, right hip, and right ankle and foot. Physical examination revealed tenderness at the right Achilles tendon with protuberance of the posterior aspect of the calcaneal, a limping gait favoring the right side, pain with terminal motion, limited range of motion, no evidence of instability, and normal strength. The treatment recommendations at that time included continuation of the current medication regimen and a follow-up in several weeks. It is noted that the injured worker was to continue working full duty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month without signs of functional improvement, a failure of exercise programs, and clear clinical and imaging evidence of a lesion. There were no imaging studies provided for this review. There is no mention of an exhaustion of conservative treatment. As such, the request is not medically appropriate.