

Case Number:	CM14-0189783		
Date Assigned:	11/20/2014	Date of Injury:	07/25/2013
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 was injured on 7/25/13. He was seen by his PCP on 10/29/14. At that time it was noted that he had constant severe pain described as sharp. He also had numbness over his foot radiating to his right knee. He was noted to have a scar on the sole of his right foot and a small sore on the right lateral toe. There was noted to be 3+ spasm and tenderness of his right lateral malleolus. There was also noted to be pain in the right plantar fascia and right mortice joint. The diagnosis was a right ankle sprain and diabetes mellitus. He was given Tylenol # 4 for the pain and was released to go back to work with work restrictions. An authorization was being sought for Podiatry consultation. The UR refused a return appointment with this same M.D. because the Podiatrist would now take charge of this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit / Right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines. ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines(ODG Treatment in Workers Comp 2nd Edition)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The MTUS states that post op visits after surgery for an ankle sprain would be 34 over a 16 week time period and that PT after this type of surgery would be for 6 months. In the chapter on ankle disorders we note that early treatment should include cold and elevation, and splint or immobilization if severe. Gradual early resumption of weight bearing should be assumed as tolerated. In the above patient, we note that the PCP is facilitating return to work activities as the ankle tolerates increases in activity. The disorder is severe and input is being sought from a Podiatrist. The UR feels the Podiatrist should now assume full responsibility and that return to the original PCP for follow up is not needed. However, the Podiatrist is not to be the primary treater and only a consultant. Such matters as the increase in ankle weight bearing at work should be done by the PCP. Also, pain meds should best be handled by the patient's primary treater. Also, we note that the patient is diabetic and the primary M.D. would be better able to monitor for medication side effects on such vital organs as kidneys. Therefore, the UR decision is reversed and the patient should continue with his PCP.