

Case Number:	CM14-0196379		
Date Assigned:	12/04/2014	Date of Injury:	10/04/2012
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 34-year-old male with a 10/4/12 date of injury. At the time (10/9/14) of request for authorization for outpatient consultation to an orthopedic surgeon, there is documentation of subjective (low back pain radiating to left foot with numbness/tingling and left ankle pain) and objective (tenderness over left medial as well as lateral aspect of ankle) findings, current diagnoses (lumbosacral neuritis, left ankle talofibular ligament sprain, and left foot/ankle pain), and treatment to date (medications and physical therapy). Medical report identifies a request for orthopedic surgeon specialized in foot and ankle. There is no documentation that diagnosis is uncertain or extremely complex, or that psychosocial factors are present, or that the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation to an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, left ankle talofibular ligament sprain, and left foot/ankle pain. In addition, there is documentation of a request for orthopedic surgeon specialized in foot and ankle. However, given no documentation of a rationale identifying the medical necessity of the requested outpatient consultation to an orthopedic surgeon, there is no documentation that diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for outpatient consultation to an orthopedic surgeon is not medically necessary.