

<b>Case Number:</b>	CM14-0198561		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of October 15, 2013. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a consultation/second reading of CT scan of the foot and ankle. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and, furthermore, mislabeled as originating from the MTUS. The claims administrator alluded to the September 29, 2014 progress note and October 17, 2014 RFA form in its denial. The applicant was reportedly not working, the claims administrator posited, and unresolved edema about the right ankle. The applicant reportedly had a visibly antalgic gait. The applicant's primary treating provider stated that he believed that a recent CT scan of the ankle dated August 7, 2014, had neglected to mention an osteochondral defect in the applicant's right ankle. The applicant's attorney subsequently appealed. In a progress note dated September 20, 2014, the applicant's primary treating provider, a podiatrist, noted that the applicant has had 6/10 sharp ankle pain despite ongoing usage of Motrin and Naprosyn. The applicant was not working, it was acknowledged. Tenderness, edema, and painful ankle range of motion were noted with a visibly antalgic gait. The applicant was asked to consider surgical option versus conservative options. On September 8, 2014, the applicant's podiatrist stated the applicant's osteochondral lesion had not yet healed, remained symptomatic, and was limiting the applicant's activity levels. 7/10 pain was noted despite ongoing Motrin and Naprosyn usage. Multiple progress notes of interspersed throughout 2014 were notable. The applicant was not working. CT scan of the right ankle in question of August 12, 2014, was notable for small calcaneal spurs, mild subcortical degenerative changes, calcifications, the absence of a definite loose body, and the absence of an osteochondral defect.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult 2nd Reading of CT Scan of The Right Foot/Ankle by Treating Physician:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery. Here, the applicant's primary treating provider, podiatrist, has seemingly suggested that he is uncomfortable treating the applicant's persistent foot and ankle pain. There is apparently some discrepancy between CT findings as interpreted by the primary treating provider and CT findings as officially interpreted by radiologist. Obtaining a second opinion consultation and/or second opinion reading of the CT scan at issue is indicated, given the applicant's persistent complaints of pain and swelling, failure to return to work, continued gait derangement, etc. Therefore, the request is medically necessary.