

Case Number:	CM14-0209097		
Date Assigned:	12/22/2014	Date of Injury:	08/08/2014
Decision Date:	04/14/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 49 year old female who sustained an industrial injury on 08/08/2014. She has reported pain in the left ankle. Diagnoses include left ankle sprain. Treatments to date include air cast and gradual weight bearing with modification of sit down work, and medications for pain. A progress note from the treating provider dated 08/03/2014 indicates the presence of left ankle tenderness and mild swelling, and decreased range of motion. A December 23, 2014 orthopedic consultation note states she has swelling and tenderness around the lateral collateral ligament and a +1 to 2 anterior drawer/talar tilt sign of the left ankle with swelling and tenderness around the ankle joint proper. 4/5 motor strength of the invertors is present; otherwise motor strength is 5/5 bilaterally. A MRI report (not found in the medical records) demonstrated tearing of the lateral collateral ligaments with edema and swelling of the ankle joint/subtalar joint. There were degenerative changes chronic of the talonavicular joint with increased talometatarsal angle on the AP and lateral. The ankle looked OK. Treatment was to use a speed brace and restrict to sedentary work with re-evaluation in six weeks. On 12/05/2014 Utilization Review non-certified a request for Transfer of care to an orthopedic specialist, left ankle Qty: 1.00. Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to an orthopedic specialist, left ankle Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an orthopedic management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs a left knee surgery and an orthopedic transfer of care as per MTUS criteria. There is no clear documentation that the patient had delayed recovery from his medications that falls outside the established norm and that surgery will expediate the patient review. The provider did not document the reasons, the specific goals and end point from an orthopedic transfer of care. Therefore, the request for Transfer of care to an orthopedic specialist, left ankle Qty: 1.00 is not medically necessary.