

Case Number:	CM15-0011082		
Date Assigned:	01/29/2015	Date of Injury:	02/20/2014
Decision Date:	03/16/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 York

Certification(s)/Specialty: Podiatrist

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 enclosed information, the original date of injury for this patient was 2/20/2014. On 8/8/2014 patient underwent right knee surgery, arthroscopically, with meniscal tear repair. Patient developed an altered gait while healing after surgery. Patient developed lateral knee pain, iliotibial pain, and anterior tibial tendinitis. The notes describe 14 visits to physical therapy postoperatively for both knee and ankle. A Medrol dose pack did alleviate some of the knee and thigh pain, but not the ankle pain. Physical exam reveals swelling of the ankle right side with tenderness. Patient is also apparently developing a loss of medial arch right side. It was recommended that this patient see a foot and ankle specialist for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Foot & Ankle Specialist Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the orthopedic foot and ankle specialist evaluation and treatment is not medically reasonable or necessary for this patient at this time. The guidelines clearly state that specialty consultation is warranted when a diagnosis is unclear or complex, when psychosocial factors are present, or when the plan of course of care may benefit from additional expertise. It is noted that this request is being made by an orthopedic surgeon who certainly has expertise in treating foot and ankle tendinitis. The diagnosis is clear (tibialis tendinitis). The only conservative care noted is physical therapy and a Medrol dose pack. For these reasons I feel that this consultation is not warranted at this time.