

Case Number:	CM15-0149182		
Date Assigned:	08/12/2015	Date of Injury:	05/07/2014
Decision Date:	09/15/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 52 year old female, who sustained an industrial injury on 5-7-14. The injured worker was diagnosed as having left ankle sprain or strain, left Achilles tendinitis, right ankle sprain or strain, right Achilles tendinitis, right ankle contusion, bilateral calf strain, heel spur of bilateral feet, and bilateral plantar fasciitis. Treatment to date has included acupuncture, physical therapy, and medication. Physical examination findings on 7-14-15 included painful bilateral ankle ranges of motion. Anterior and Posterior Drawer's tests caused pain and tenderness to palpation of bilateral calf muscles was noted. Currently, the injured worker complains of bilateral ankle pain with numbness and cramping with radiation to the legs. The treating physician requested authorization for an orthopedic consultation for bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for bilateral ankles: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

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) page 127.

Decision rationale: The patient presents with pain affecting the bilateral ankles. The current request is for Orthopedic consultation for bilateral ankles. The treating physician report dated 7/14/15 (8B) states, "She complains of activity-dependent moderate 7/10 stabbing, throbbing left ankle pain, numbness, and cramping radiating to leg with numbness and cramping." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided show the patient has shown symptoms of increasing bilateral ankle pain. In this case, the patient presents with moderate-to-severe pain affecting the bilateral ankles that is affecting her quality of life and ability to maintain an active lifestyle. The treating physician specializes in chiropractic and is requesting the additional expertise of a healthcare practitioner who specializes in orthopedics in order to properly treat the patient's symptoms and discuss further treatment options. The current request is medically necessary.