

Case Number:	CM15-0160048		
Date Assigned:	08/26/2015	Date of Injury:	02/27/2014
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 Jersey, Alabama, 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:

This 61 year old female sustained an industrial injury to the right leg on 2-27-14. Magnetic resonance imaging right ankle (2-9-15) showed arthritic changes of the posterior subtalar joint and moderate calcaneal with no evidence of fracture or plantar fasciitis. Previous treatment included physical therapy, home stimulator and medications. In a PR-2 dated 5-20-15, the injured worker complained of right ankle pain, rated 8 to 9 out of 10 on the visual analog scale. The injured worker stated that she was slightly improved but was having difficulties with activities of daily living and standing and walking for long periods of time. Physical exam was remarkable for tenderness to palpation from the distal one-third of the right leg to the mortise joint, some discoloration about six inches above the ankle, crepitation and laxity with drawer stressing of the right ankle, positive Tinell's behind the lateral malleolus, good range of motion and pain at the end range of inversion. Current diagnoses included sinus tarsi syndrome, peroneal tendinitis and chronic ankle sprain and strain. The treatment plan included requesting authorization for an orthopedic evaluation for the right leg and a trial of extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedist, right ankle per 5/20/15 order: 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.

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 evaluation with a specialist. The documentation should include the reasons, the specific goals and end-point for using the expertise of a specialist. The patient was seen by an orthopedic specialist and was diagnosed with right ankle sprain with some improvement. There is no justification for the need for another orthopedic consultation. Therefore, the request for Consultation with an orthopedist, right ankle per 5/20/15 order is not medically necessary.

Treatment with an orthopedist, right ankle per 5/20/15 order: 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: As the request for an orthopedic evaluation was not certified, the request for Treatment with an orthopedist, right ankle per 5/20/15 order is not medically necessary.