

Case Number:	CM15-0168365		
Date Assigned:	09/09/2015	Date of Injury:	11/27/2012
Decision Date:	10/14/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old male, who sustained an industrial injury on 11-27-2012. He reported a left ankle fracture from a fall. Diagnoses include lumbar sprain-strain, rule out disc disease, status post non-union fracture of left fibula and distal tibial shaft, status post Open Reduction Internal Fixation (ORIF). Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of no change in the pain in the low back, left leg and ankle affecting activities of daily life. On 7-21-15, the physical examination documented left ankle pain with palpation and decreased range of motion. On 8-3-15, the injured worker was evaluated for a post-operative evaluation status post left ankle arthrotomy and hardware removal. The left ankle surgical area was noted to be healing with no signs of infection. The appeal request a podiatry consultation related to left leg and ankle pain. The Utilization Review dated 8-18-15 denied the request citing ACOEM Practice Guidelines and lack of documentation supporting why a podiatry consultation was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry Consultation related to left leg and ankle pain: Upheld

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, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per progress report dated 7/21/15, physical examination documented left ankle pain with palpation and decreased range of motion. On 8/3/15, the injured worker was evaluated for a post-operative evaluation status post left ankle arthrotomy and hardware removal. The left ankle surgical area was noted to be healing with no signs of infection. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the podiatry consult will address. The request is not medically necessary.