

<b>Case Number:</b>	CM15-0189796		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 3-13-13. The injured worker was diagnosed as having foot sprain-strain-contusion; lateral left ankle pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left ankle (4-23-15). Currently, the PR-2 notes dated 8-21-15 indicated the injured worker returns after his last visit of 7-31-15. He continues to complain of discomfort affecting his left foot. He also reports sedation with Lyrica in the past; therefore at the last appointment, the provider notes he was given a prescription for gabapentin 300mg. He reports he did acquire that medication and took it for 2 or 3 days. The provider documents "He reports moodiness, tearfulness and dysphoria after less than 3 days of using the medication which he discontinued. He does have a prescription for Diclofenac 50mg 1 up to 3 times a day which does relieve some of his left foot pain. He reports left lateral ankle and foot pain is present on a daily basis and is made worse by prolonged standing and walking as well as walking up and down inclines and uneven surfaces." The provider continues with objective findings noting "There continues to be pain on palpation over the distal aspect of the lateral fibula with a positive Tinel sign on palpation posterior to the distal along the sensory distribution of the peroneal nerve. Motor strength is grossly intact in the foot with intact active dorsiflexion, EHL function and foot eversion. There continues to be evidence of steroid atrophy of the anterior lateral aspect of the ankle subsequent to prior injection. There is moderate increase in lateral foot pain with various stress." The provider notes his diagnosis as "Left ankle pain; possible peroneal nerve injury; possible neuroma." A PR-2 note dated 6-11-15 indicates the injured worker was seen by a podiatrist in early 2014 "on about three occasions; he did not give him any injections or any

other kind of treatment. He received physical therapy (x18). These physical therapy sessions to his foot were no help at all and all through 2014 the pain and discomfort got progressively worse. The note also references a left ankle MRI dated 4-23-14 documenting "1) tendinosis with mild thickening of the Achilles tendon. 2) Tendinosis of the peroneus brevis tendon as it traverses the hindfoot. Mild surrounding tenosynovial fluid. 3) Mild amount of tenosynovial fluid about the tibialis posterior tendon as it traverses the retromalleolar groove and hindfoot. Mild tenosynovial fluid about the flexor digitorum longus just proximal to the master knot of Henry. 4) Anterior and posterior distal tibiofibular syndesmotic ligaments were thickened but intact, suggesting possible old injury. 5) Moderate-sized tibiotalar effusion which communicates with a small posterior subtalar effusion." A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-1-15 and non-certification was for Consultation with a podiatrist for the left ankle. A request for authorization has been received for Consultation with a podiatrist for the left ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with a podiatrist for the left ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM occupational medicine practice guidelines Referral guidelines, second edition, pg 127, 2004.

**Decision rationale:** ACOEM occupational medicine practice guidelines Referral guidelines, second edition, pg 127, 2004. ACOEM guidelines state that health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the course or plan of care may benefit from additional expertise. A referral may be for consultation, to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness to return to work. After careful review of the enclosed information and the pertinent guidelines noted above, it is my feeling that he consultation with a podiatrist for this patient's left ankle pain is medically reasonable and necessary. It is also my feeling that a consultation with a podiatrist conforms with the ACOEM guidelines noted above. It is extremely well documented that this patient suffered a left ankle and many years prior. Patient has undergone numerous treatments including multiple physical therapy visits, multiple steroid injections to painful left ankle area, anti-inflammatory medication, Lyrica, gabapentin, activity modification. Patient has confirmed MRI evidence of multiple areas of tendinosis surrounding the left ankle. There is also suspicion of neuroma to the left ankle area. The guidelines state that a referral can be initiated to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the course or plan of care may benefit from additional expertise. A referral may be for consultation, to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness to return to work. It is my feeling that a

referral to a podiatrist could lend itself to a different avenue of treatment, possible surgical intervention.