

Case Number:	CM15-0192765		
Date Assigned:	10/06/2015	Date of Injury:	08/12/2015
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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, 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 34 year old male, who sustained an industrial injury on 08-12-2015. The injured worker is currently on restricted work. Medical records indicated that the injured worker is undergoing treatment for right ankle contusion. Treatment and diagnostics to date has included x-rays, ice, use of a splint, and medications. Current medications include Ibuprofen and Flexeril. After review of progress note dated 08-25-2015, the injured worker reported right lower extremity pain from low back all the way down. Objective findings included generalized pain with movement of the right knee and right foot. The request for authorization dated 08-27-2015 requested a podiatry consultation for the right ankle. The Utilization Review with a decision date of 09-02-2015 non-certified the request for podiatry consultation for right ankle-foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consultation for right ankle/foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Independent Medical Examinations and Consultations chapter.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Initial Care.

Decision rationale: As presented in the record the injured worker suffered a significant crushing and twisting injury, followed by a right lower extremity, affected instability, in sustained gait. As per MTUS, Ankle & Foot Complaints, page 363, table 14-1, multiple Red Flags are indicated for a potentially serious ankle and foot conditions, consistent with the recorded presentation of his injured worker. The provided record indicates significant positive, objective, orthopedic and neurological finding to support the request for a focused specialty consultation in the management of this injured worker. As per MTUS Algorithm, 14-1, page 378, with evidence of serious disease, recommendation is made to arrange for appropriate treatment or consultation. As per Algorithm 14-1, special studies and specialty consultation are evident in the record. The request for podiatry consultation for the right foot and ankle is medically necessary.