

<b>Case Number:</b>	CM15-0198933		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 43 year old male who sustained an industrial injury on 12-10-2010. Medical records indicated the worker was treated for cervical spine strain, thoracic spine strain, lumbar spine disc bulge, left elbow lateral humeral epicondyle, and failed right knee surgery. He also complains of right and left foot sprain. Treatment has included left knee Synvisc injection, and a right knee arthroscopy. Care providers include an orthopedist, a foot surgeon, and pain medicine management for chronic pain. In the provider notes of 09-02-2015, the injured worker complains of pain shooting down left leg and head, and new tingling and numbness in the right hand. On exam, the worker walks with a single point cane. His lumbar pain is especially difficult at night. He complains of difficulty obtaining and sustaining an erection. Range of motion of the lumbar spine and of the right and left knees is painful. His medications include Fexmed, Ambien, Trazadone, and MS Contin. Urine drug screens are appropriate to the medications prescribed. Electromyogram and nerve conduction velocity findings revealed evidence of moderate bilateral carpal tunnel syndrome. According to provider notes, the worker has had MRI's of the lumbar spine and bilateral knee about 2 weeks prior to the September appointment. Documentation of the results of the MRI's is not included in the medical records received. He has had PT and Chiropractic care to the cervical, thoracic, lumbar spine, and to the right and left knee. Plans include ongoing medication management and referral to appropriate specialists. A request for authorization was submitted for: Consultation with a foot surgeon- both feet. A utilization review decision 09-15-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a foot surgeon- both feet:** Upheld

**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 ACOEM Guidelines, p. 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was insufficient record provided regarding the right and left feet to understand why the consultation was requested. There was record of the worker having seen a foot surgeon in the past, but it was not clear if this request was for a different surgeon or the same surgeon seen in the past. A history of sprain/strain was included in the notes, but no recent physical examination or subjective reporting was included in the notes. Without more clarity on this request and more justification provided for review, the request for consultation of a foot surgeon will be considered medically unnecessary at this time.