

<b>Case Number:</b>	CM15-0206813		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 62-year-old female who sustained an industrial injury on 6/25/14. The mechanism of injury was not documented. Conservative treatment had included orthotics, physical therapy, activity modification, and medications. The 10/1/15 podiatrist report cited worsening left foot pain, with new complaints of left ankle and right knee pain. She reported that by Thursday each week, she had to start her medications. Physical exam documented shortened stance phase, left lower extremity pain, pain and heat at the insertion of the peroneal tendon, and tendon pain reproducible at the sinus tarsi. The diagnosis was peroneal tendonitis and sinus tarsi syndrome. A second opinion was being requested by a foot and ankle specialist to offer an opinion regarding the physical therapy, which had been requested and denied. The denial was based on a diagnosis of ankle sprain when this injured worker had a diagnosis of posterior tibial (PT) tendonitis. The occupational medicine had previously diagnosed ankle sprain. The current diagnosis of PT tendonitis demanded physical therapy as the injured worker was not a surgical candidate and she benefited from prior physical therapy and the use of an H-wave unit. Physical therapy was recommended to get her to fully functional status. She was capable of modified work. Authorization was requested for a second opinion with in-house orthopedic foot-ankle specialist to offer an opinion regarding the physical therapy which had been requested and denied. The 10/6/15 utilization review non-certified this request for a second opinion as expert medical recommendations were not necessary for the condition and not indicated to address the denial of therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Second opinion with in-house Ortho Foot/Ankle Specialist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have not been met. This injured worker presents with persistent left foot pain that builds over the course of the workweek requiring medications at the end of the week. Clinical exam evidence was consistent with posterior tibial tendonitis. Benefit to conservative treatment including orthotics, physical therapy, and medications is noted. There is no current functional assessment or functional treatment goal to support the medical necessity of physical therapy. There is no indication that the management of this injured worker is outside the scope of the treating podiatrist or that surgery is anticipated. There is no evidence of an uncertain or extremely complex diagnosis. There is no compelling rationale presented to support the medical necessity of a foot and ankle specialist consult at this point. Therefore, this request is not medically necessary.