

Case Number:	CM15-0207251		
Date Assigned:	10/26/2015	Date of Injury:	11/10/2014
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Emergency Medicine

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 is a 39 year old male who sustained an industrial injury on 11-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, left hip contusion, left hip pain, left knee contusion with patellofemoral degenerative joint disease, left ankle sprain with residual pain, talus fracture and posterior facet involvement. Per the orthopedic consultation dated 9-17-2015, the injured worker complained of pain and limited motion in the left ankle. The physical exam (9-17-2015) revealed an antalgic gait. Tenderness was noted over the subtalar region. Subtalar motion was painful. The treatment plan (9-17-2015) was for computed tomography scan for further evaluation of the subchondral portion of the fracture. It was noted that it might require fusion. According to the progress report dated 9-21-2015, the injured worker complained of left ankle pain rated 9 out of 10 with medications and 10 out of 10 without medications. He also complained of low back pain rated 7 out of 10 with and without medication. The injured worker reported that he was told at the surgical consult that no surgery was indicated and that he would have to live with the ankle pain and be non-weight bearing for the rest of his life. Per the treating physician (9-21-2015), the injured worker was temporarily partially disabled. Objective findings (9-21-2015) revealed that the injured worker walked with a normal gait. There was decreased range of motion of the left ankle. Treatment has included physical therapy and medications (Norco). The physician noted (9-17-2015) that magnetic resonance imaging (MRI) showed non-united coronally oriented talar fracture with extension to the posterior facet of the talus. The request for authorization was dated 9-21-2015.

The original Utilization Review (UR) (9-28-2015) denied a request for a second opinion surgical consultation for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd opinion surgical consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested 2nd opinion surgical consultation, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker reported that he was told at the surgical consult that no surgery was indicated and that he would have to live with the ankle pain and be non-weight bearing for the rest of his life. Per the treating physician (9-21-2015), the injured worker was temporarily partially disabled. Objective findings (9-21-2015) revealed that the injured worker walked with a normal gait. There was decreased range of motion of the left ankle. Treatment has included physical therapy and medications (Norco). The physician noted (9-17-2015) that magnetic resonance imaging (MRI) showed non-united coronally oriented talar fracture with extension to the posterior facet of the talus. The treating physician has documented the medical necessity for another surgical consultation opinion. The criteria noted above having been met, 2nd opinion surgical consultation is medically necessary.