MAXIMUS Federal Services

Case Number:	CM15-0020088		
Date Assigned:	02/09/2015	Date of Injury:	04/04/2014
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 27 year old male, who sustained an industrial injury on 4/4/2014. He has reported back and right ankle pain after a fall. The diagnoses have included internal derangement, osteochondral defects, right ankle per Magnetic Resonance Imaging (MRI) 5/30/13, low back pain, possible pars fracture at L5, L5-S1 disk space narrowing, and right foraminal/far lateral herniation at L4-5. Treatment to date has included topical treatment, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), medical marijuana, physical therapy for ankle, ten (10) shock-wave sessions to lumbar spine, and steroid injection to the ankle. Currently, the IW complains of back, neck, and ankle pain. Objective findings from the evaluations completed in January 2015 did not include right ankle findings due to injury. The provider documented request for orthopedic specialist due to injury and complexity. On 1/26/2015 Utilization Review non-certified a referral to orthopedic specialist for evaluation and treatment of right ankle, noting the documentation did not support medical necessity. The MTUS and ACOEM Guidelines were cited.On 2/3/2015, the injured worker submitted an application for IMR for review of referral to orthopedic specialist for evaluation and treatment of right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedist for evaluation and treatment, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral orthopedist evaluation and treatment right ankle is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right ankle injury; low back pain; possible pars fracture at L5; L5 - S1 disc space narrowing; and right foraminal/far lateral herniation at L4 - L5. The documentation from January 15, 2014 progress note (comment and conclusion section) states: "With regard to the right ankle injury, I requested authorization for the patient the evaluated and treatment by [redacted], as this is not my specialty and is beyond my level of expertise". The requesting physician is an orthopedic surgeon. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The documentation does not explain what subspecialty is required and what subspecialty [redacted] holds. There is no specific clinical indication a rationale other than "this is not my specialty and is beyond my level of expertise". [redacted] is also an orthopedic surgeon. The documentation does not state how a referral made would assist in the diagnosis, prognosis and therapeutic management of the injured worker. Consequently, absent clinical documentation with the clinical indication and rationale explaining why a second orthopedist is required, referral orthopedist evaluation and treatment right ankle is not medically necessary.