

Case Number:	CM15-0030635		
Date Assigned:	02/24/2015	Date of Injury:	01/17/2014
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female sustained an industrial injury on 1/17/14. The injured worker is reported to have injured the ankle, lower back and hand. Initial evaluation at the Emergency room indicated she fractured her left fibula; injured the left knee, and her back. She was sent to a chiropractor, Acupuncturist, and orthopedist. The orthopedist placed the injured worker in a booth and placed her on limited duty. However, the referral to an ankle specialist was declined. The injured worker was given an ankle booth, but continued to experience pain. The ankle examination revealed antalgic gait, mild swelling anterolaterally, limited range of motion and tenderness in the anterolateral aspect. Consequently, an MRI of the left ankle was performed on 1/15/15. The MRI revealed old ligament injury, no fracture, but atrophied ankle muscle and nerve damage. The injured worker has been diagnosed of Left ankle avulsion, Lumbosacral sprain/Strain, and left knee sprain strain. Treatments to date have included work restrictions and prescription pain medications. On 2/4/15, Utilization Review non-certified a consultation with an orthopedic ankle specialist. The consultation with an orthopedic ankle specialist request was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic ankle specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2014, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 1/17/14. The medical records provided indicate the diagnosis of 1/17/14. The medical records provided for review do indicate a medical necessity for Consultation with an orthopedic ankle specialist. The MTUS recommends referral for surgical consultation in individuals with activity limitation for more than one month without signs of functional improvement; failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The records indicate the injured worker was being treated by an orthopedist but nothing had been done about the ankle as at 05/2014 except the ankle boot. There was no explanation why the orthopedist has not provided any additional treatment. The MTUS recommends detailed history and documentation as necessary tools in making any decisions on treatment and management.