

Case Number:	CM15-0049578		
Date Assigned:	03/23/2015	Date of Injury:	05/03/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 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 40 year old male, who sustained an industrial injury on 5/3/2012. Diagnoses have included right ankle pain status post arthroscopy and ligament reconstruction, status post Lisfranc arthrodesis and worse neuroma third interspace. Treatment to date has included surgical intervention and physical therapy. According to the progress report dated 2/23/2015, the injured worker complained of pain to the right, lateral ankle. He also complained of a new pain between the third and fourth toes of the right foot. He stated that acupuncture treatments were given to the left arm and left leg. Exam of the right lower extremity revealed tenderness to palpation near the ankle and foot. The treatment plan was to follow-up on extending the physical therapy. A metatarsal bar was placed on the existing orthotic. Authorization was requested for a podiatry second opinion consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry 2nd opinion consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of a Podiatry 2nd opinion. The claimant is presently receiving treatment from a Podiatrist and there is no documentation explaining the need for a second opinion. Medical necessity for the requested service is not established. The requested service is not medically necessary.