MAXIMUS Federal Services

Case Number:	CM15-0056905		
Date Assigned:	04/01/2015	Date of Injury:	02/27/2014
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/25/2015

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:

The injured worker is a 61-year-old female who sustained an industrial injury on 2/27/14. Injury occurred when a pallet fell while she was transporting it, and struck her right shin. She had pain, swelling and abrasions over the tibia. The 10/15/14 right lower extremity MRI impression documented mild edema of the subcutaneous tissue medial to right lower shin. The 2/23/15 chiropractic treating physician report cited persistent right ankle pain. Pain was reported much elevated after work, and gradually decreased with rest and elevation. Physical exam documented tenderness from the distal one-third of the leg extending all the way down to the mortise joint, and discoloration 6 inches above the ankle over the medial tibia. There was crepitation and some laxity with drawer testing of the right ankle. Range of motion was good with pain at end-range inversion. There was a positive Tinel's behind the lateral malleolus. The diagnosis was sinus tarsi syndrome, peroneal tendinitis, and chronic ankle sprain/strain. The treatment plan recommends x-rays of the right tibia and authorization for consult with an orthopedic for possible injections and/or surgical consideration. The patient was returned to work with restrictions in standing. The 3/23/15 utilization review denied the request for orthopedic consult and treatment as there was no indication of red flag conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic surgeon, right ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. 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 state that referral for surgical consultation is indicated for patients who have 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, and clear clinical and imaging evidence of the lesion that has been shown to benefit to both the short and long term from surgical repair. The 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.Guideline criteria have been met. This patient presents with persistent and function-limiting right ankle pain. Clinical exam findings documented crepitation and some laxity. The primary treating physician is a chiropractor. The additional involvement of an orthopaedic surgeon seems reasonable and the plan of care may benefit from additional expertise. Therefore, this request is medically necessary.

Unspecified treatment with an orthopedic surgeon, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. 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 state that referral for surgical consultation is indicated for patients who have 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, and clear clinical and imaging evidence of the lesion that has been shown to benefit to both the short and long term from surgical repair. The 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.Guideline criteria have been met for consultation only. This patient presents with persistent and function-limiting right ankle pain. Clinical exam findings documented crepitation and some laxity. The primary treating physician is a chiropractor. The additional involvement of an orthopedic surgeon seems reasonable and the plan of care may benefit from additional

expertise. However, this request for unspecified treatment and/or surgery does not allow for determination of medical necessity. An additional treatment plan should be submitted by the orthopaedic consultant for further review. Therefore, this request is not medically necessary.