

<b>Case Number:</b>	CM15-0061394		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 51-year-old female, who sustained an industrial injury on 05/07/2014. She has reported injury to the right hand/wrist/elbow and to the bilateral lower extremities/feet/ankles. The diagnoses have included left and right ankle sprain/strain; bilateral Achilles tendinitis; and bilateral plantar fasciitis. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Ibuprofen and Prilosec. A progress note from the treating physician, dated 02/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermittent moderate left ankle pain with tingling and weakness; frequent severe right ankle pain with numbness, tingling, and weakness; and frequent severe bilateral leg pain and heaviness. Objective findings have included left ankle range of motion is decreased and painful; tenderness to palpation of the plantar heel and Achilles' tendon; right ankle range of motion is decreased and painful; tenderness to palpation of the plantar heel and Achilles' tendon; and tenderness to palpation of the bilateral calf muscle. The treatment plan has included the request for follow-up with the orthopedic specialist for the bilateral ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with [REDACTED] (bilateral ankles): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition (2004), Chapter 7, page 127 - Consultation.

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

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, bilateral Achilles tendon pain and calf pain was being treated by the secondary orthopedic physician and a request for a follow-up to this same physician was recommended. However, this same physician has referred the worker to a foot surgeon and was only prescribing NSAIDs and physical therapy and no other specialized treatment, which was only able to be provided by this secondary provider. The primary provider should be able to continue care and follow-up of the conservative treatments recommended, and the surgeon would be the only other needed specialist, according to the documentation provided for review. Therefore, this request will be considered not medically necessary.