

Case Number:	CM15-0088591		
Date Assigned:	05/12/2015	Date of Injury:	01/17/2014
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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
 Certification(s)/Specialty: Emergency 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 31 year old female, who sustained an industrial injury on 1/17/2014. Diagnoses include status post work related injury, chronic left ankle pain rule out ligamentous damage versus osteochondral defect and thoracic sprain/strain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) dated 1/15/2015, crutches, anti-inflammatories, analgesics, activity modification, exercise, chiropractic care, immobilization with wraps and work restrictions. MRI of ankle revealed accessory medial ankle muscles atrophy concerning for denervation neuropathy, anterior talofibular ligament changes from old injury. Patient has documented conservative care including medications and currently uses a Cam walker. Per the Primary Treating Physician's Progress Report dated 4/07/2015, the injured worker reported pain in her ankle, mostly in the lateral portion. Physical examination revealed tenderness along the lateral aspect of the ankle joint with noted swelling in the anterolateral and contralateral aspects of the joint. She had pain with inversion of the ankle. The plan of care included consultations and follow up care and authorization was requested for a consultation with an ankle specialist for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Ankle Specialist (Left Ankle): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM: Practice Guidelines, 2nd Edition (2004), Chapter 7, page 503.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has failed some basic conservative care. MRI shows some atrophy and patient's function is impacted by ankle issues. Provider is a spine surgeon and additional recommendation or treatment would be appropriate for ankle consultation. Ankle specialist consultation is medically appropriate.