

Case Number:	CM14-0180258		
Date Assigned:	11/04/2014	Date of Injury:	12/15/2011
Decision Date:	12/17/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 59 year-old male with date of injury 12/15/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/29/2014, lists subjective complaints as pain in the left ankle. Patient is status post open reduction with internal fixation (ORIF) of bimalleolar fracture, left ankle, with repair of the peroneal tendon and debridement with internal fixation on 01/04/2012. Objective findings: Examination of the left ankle revealed no tenderness to palpation. Range of motion was: extension 10 degrees, flexion 30 degrees, eversion 5 degrees and inversion 10 degrees. Sensory and motor examinations were within normal limits. Diagnosis: 1. Status post ORIF, bimalleolar fracture 2. Degenerative disc disease C6-7 with spondylosis 3. Left shoulder subacromial impingement 4. Fall with bimalleolar fracture 5. Left low back strain with left lower extremity lumbar radiculitis 6. Left thoracic strain 7. Sleep disturbance. Patient has completed 12 sessions of physical therapy for the left ankle to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consultation with an Orthopedic Surgeon, left ankle, per 10/14/14 form QTY: 1.00:
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), Independent Medical Examinations and Consultations, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Office Consultation with an Orthopedic Surgeon, left ankle, per 10/14/14 form QTY: 1.00 is not medically necessary.

Office Visit for an unspecified TX with an Orthopedic Surgeon, Left Ankle, per 10/14/14 form QTY: 1.00: 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), Independent Medical Examinations and Consultations, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: This request is a duplicate of the one above. According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Office Visit for an unspecified TX with an Orthopedic Surgeon, Left Ankle, per 10/14/14 form QTY: 1.00 is not medically necessary.