

Case Number:	CM14-0185588		
Date Assigned:	11/13/2014	Date of Injury:	04/11/2014
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 licensed in Podiatry and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 4/11/2014. During an office visit on 9/17/2014 patient admits that roughly 3 to 4 months ago he sprained both of his ankles. He was seen by an occupational medicine physician who modified patient's work. Patient has been working, but has had severe pain to both ankles. He is using ankle braces which helped a bit. Patient measures the pain it 5/10. The physical exam that day does reveal painful ankles with restricted range of motion bilaterally. This patient was seen back in follow-up on 10/1 and 10/22/2014 for evaluation of bilateral ankle pain. Progress notes advised that an MRI demonstrates partial tear of anterior talofibular and calcaneal fibular ligaments right side, as well as partial tear of peroneal tendon left side. Patient has diagnoses including chronic ankle sprain with tear of anterior talofibular and calcaneal fibular ligament, chronic history of synovitis and capsulitis, ankle instability, pain and inability to walk. Treatment recommendations have included orthotics, physical therapy, and surgery (Bronstrom Gould procedure). The 10/22/2014 progress note advises that the patient's workman compensation claim has denied access of this patient to the physicians. On 10/22/2014 a request for authorization for medical treatment form was submitted requesting office visits x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three office visits to a podiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Ankle and Foot Chapter, Office Visits Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, office visits and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pg 127

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for three office visits to a podiatrist is medically reasonable and necessary for this patient according to the guidelines. It is well-established that this patient has suffered for many many months with severe bilateral ankle pain. Patient has clinical signs of lateral ankle instability, with MRI confirmation of partial tear of anterior talofibular and calcaneal fibular ligaments right side along with a tear of the peroneal tendon left side. Patient has not responded to treatments including orthotics, ankle braces, and physical therapy. It is obvious that patient has continued ankle pain which requires further treatment. Because patient continues to have pain, I think it is medically reasonable and necessary for this patient to have at least three office visits to his podiatrist for treatment. The MTUS guidelines state that a health practitioner may refer to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are involved, or when the plan or course of care may benefit from additional expertise. The podiatrist that is currently following this patient is recommending surgical intervention and I feel that this patient would benefit from continued care by this podiatrist. The ODG guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns signs and symptoms, and clinical stability, and reasonable physician judgment. I feel that because this patient is still demonstrating significant ankle pain he would benefit from continued follow-up visits with his current podiatrist. The request is medically necessary.