

Case Number:	CM14-0168645		
Date Assigned:	11/12/2014	Date of Injury:	05/27/2013
Decision Date:	01/15/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation 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:

This 51 year-old patient sustained an injury on 5/27/13 while employed by [REDACTED]. Request(s) under consideration include Treatment with podiatrist for the left ankle. Diagnoses include Non-displaced subtalar ankle fracture and anterior talofibular ligament. Conservative care has included medications, boot DME, therapy, and modified activities/rest. Diagnoses include left orbital fracture; severe left ankle sprain/strain. Report of 4/15/14 noted patient with chronic ongoing constant foot pain rated at 4/10 and headaches behind left eye; pain sometimes radiates down side of neck on left without issues to vision or dizziness. Exam showed left foot and ankle with mild lateral malleolar and dorsal surface edema; full range of motion with pain; non-antalgic gait. Treatment noted "I do believe the patient has reached the point of permanent and stationary, soI need an x-ray and a functional capacity evaluation. The provider noted that currently, the patient has been released to full work without restrictions per podiatrist. Report of 7/8/14 noted unchanged symptom complaints with exam findings in left foot/ankle of no edema, erythema, or deformity; full range of motion with intact sensation despite report of numbness and tingling and non-antalgic gait. Medications list Tramadol and Hydroxyzine; no therapy needed. Report of 9/4/14 noted patient with left foot pain. Exam showed some edema, intact sensation, with full range of motion. Treatment included left ankle x-rays which was authorized and podiatry treatment for left ankle. The request(s) for Treatment with podiatrist for the left ankle was modified to include consultation only on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with Podiatrist to the left ankle.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 127

Decision rationale: This 51 year-old patient sustained an injury on 5/27/13 while employed by [REDACTED]. Request(s) under consideration include Treatment with podiatrist for the left ankle. Diagnoses include Non-displaced subtalar ankle fracture and anterior talofibular ligament. Conservative care has included medications, boot DME, therapy, and modified activities/rest. Diagnoses include left orbital fracture; severe left ankle sprain/stsrain. Report of 4/15/14 noted patient with chronic ongoing constant foot pain rated at 4/10 and headaches behind left eye; pain sometimes radiates down side of neck on left without issues to vision or dizziness. Exam showed left foot and ankle with mild lateral malleolar and dorsal surface edema; full range of motion with pain; non-antalgic gait. Treatment noted "I do believe the patient has reached the point of permanent and stationary, soI need an x-ray and a functional capacity evaluation. The provider noted that currently, the patient has been released to full work without restrictions per podiatrist. Report of 7/8/14 noted unchanged symptom complaints with exam findings in left foot/ankle of no edema, erythema, or deformity; full range of motion with intact sensation despite report of numbness and tingling and non-antalgic gait. Medications list Tramadol and Hydroxyzine; no therapy needed. Report of 9/4/14 noted patient with left foot pain. Exam showed some edema, intact sensation, with full range of motion. Treatment included left ankle x-rays which was authorized and podiatry treatment for left ankle. The request(s) for Treatment with podiatrist for the left ankle was modified to include consultation only on 10/3/14. The patient has unchanged symptom complaints and clinical findings without neurological deficits or acute red-flag conditions for this chronic injury of May 2013. Submitted reports have not demonstrated any clear indication or specific clinical findings to support for the podiatry consultation for uncomplicated complaints of chronic pain. The patient has been evaluated and treated by podiatrist and was returned to work without restrictions. There are no identifying diagnostics, impaired ADLs or remarkable findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Current report indicates the patient has chronic foot pain rated at 4/10 without mention of failed pharmacological treatment or therapy to support specialty referral. The Treatment with podiatrist for the left ankle is not medically necessary.