

Case Number:	CM15-0010842		
Date Assigned:	01/28/2015	Date of Injury:	01/02/1963
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 74 year old male who sustained an industrial injury on 01/02/1963. Diagnoses include status post tendon transfers in the lower extremities, and abnormality of gait, and carpal tunnel syndrome. A physician progress note dated 12/09/2014 documents the injured worker is requesting a referral to an orthopedic surgeon who specializes in foot and ankle problems to review and evaluate the tendon transfer in his legs, which he feels are stretched out, resulting in falls he is having which are causing injury to other areas. Treatment requested is for consult with an orthopedic surgeon who specializes in foot and ankle disorders between 12/9/2014 and 2/20/2015. On 12/29/2014 Utilization Review non-certified the request for consult with an orthopedic surgeon who specializes in foot and ankle disorders between 12/9/2014 and 2/20/2015, and cited was ACOEM Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] between 12/9/2014 and 2/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362, 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375..

Decision rationale: The MTUS states that surgical consultation for patients with foot and ankle problems may be indicated when there is failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. A review of the injured workers medical records that are available to me show that he was evaluated on 12/9/2014 and a recommendation was made for physical therapy referral for gait evaluation and home exercise program, however there is no indication that this has been tried and failed and therefore based on the guideline recommendations the request for Consult with [REDACTED] between 12/9/2019 and 2/20/2015 is not medically necessary.