

<b>Case Number:</b>	CM15-0122417		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 female sustained an industrial injury to the right pinky, bilateral lower legs, bilateral ankles, bilateral heels and bilateral feet on 5/7/14. Previous treatment included magnetic resonance imaging, physical therapy, home exercise and medications. In a PR-2 dated 6/11/15, the injured worker complained of pain to left ankle pain with radiation to the knee associated with numbness and cramping, right ankle pain and heaviness with radiation to the knee associated with cramping and bilateral leg pain with numbness. The injured worker rated her pain 6-8/10 on the visual analog scale. Physical exam was remarkable for bilateral ankles with decreased and painful range of motion and tenderness to palpation to the Achilles tendon and calf muscle bilaterally with positive Posterior Drawer tests. Current diagnoses included left ankle sprain/strain, bilateral Achilles tendinitis, right ankle sprain/strain, right ankle contusion, bilateral calf strain, bilateral heel spur and bilateral plantar fasciitis. The treatment plan included acupuncture twice a week for six weeks, obtaining a podiatrist and an orthopedic follow-up for bilateral ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic follow-up for the bilateral ankles:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up evaluations are based on ongoing medical need as dictated by continuation of symptoms and response to treatment. The patient has ongoing ankle complaints with no resolution of symptoms. Therefore, a follow up visit is medically necessary.