

Case Number:	CM15-0127768		
Date Assigned:	07/14/2015	Date of Injury:	06/30/2011
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

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 44 year old male, who sustained an industrial injury on 6-30-2011. Diagnoses have included diabetic neuropathy, diabetic osteoarthropathy, previous medial malleolar fracture, previous metatarsal fracture mid foot and right foot hallux limitus. Treatment to date has included x-rays and a cam walker. According to the progress report dated 10-24-2014, the injured worker complained of symptomatic right foot and ankle. The injured worker presented with the use of a cam walker to the right ankle and crutches to assist in weight bearing. He reported difficulty bending the foot and ankle through range of motion. Physical exam revealed mild to moderate pain on range of motion of the right ankle tibiotalar joint. X-rays were taken of the right foot and ankle. Radiographic views showed severe degenerative joint disease of the mid tarsal joint line and collapsing of the mid tarsal joint with lateral displacement of metatarsal 2, 3, 4 and 5. Authorization was requested for a second doctor of podiatric medicine (DPM) opinion with non-medical provider network (MPN) DPM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second DPM opinion with non-MPN DPM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, and 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the primary physician is requesting a second opinion from a non-medical provider network, Doctor of Podiatric Medicine. The reason for the request is unclear. The injured worker is being treated conservatively for Charcot deformity which is supported by imaging studies. There is no rationale included in the available documentation to necessitate the request. The request for second DPM opinion with non-MPN DPM is determined to not be medically necessary.