

Case Number:	CM15-0127910		
Date Assigned:	07/14/2015	Date of Injury:	03/05/2011
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California
 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 is a 59 year old male patient, who sustained an industrial injury on 03/05/2011. He has reported injury to the right hip, right knee, right foot, and low back. The diagnoses have included ankle/foot pain; exostosis of unspecified site; plantar fasciitis; bursitis of right knee; hip strain; knee strain; lumbar strain; tarsal tunnel syndrome of right side; and status post foot surgery. Per the progress note from the treating physician, dated 06/08/2015, he had complains of continued pain to the lumbar spine, right hip, right knee, and right foot; joint pain and stiffness; muscle pain and weakness; limping; night pain; and numbness and tingling. The physical examination revealed ambulation with the assistance of a cane; restricted range of motion of the lumbar spine; and painful range of motion to the right hip and right knee. Medications have included Naproxen Sodium and Tylenol with Codeine #3. He has undergone right foot surgery. Treatment to date has included medications, diagnostics, activity modification and cane. The treatment plan has included the request for referral to orthopedist for the right foot (ONLY) (in house) to evaluate and treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedist for the right foot (ONLY) (in house) to eval and treat: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Referral to orthopedist for the right foot (ONLY) (in house) to eval and treat MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The documented diagnosis of the patient includes plantar fasciitis, tarsal tunnel syndrome and exostosis. Per the records provided patient had right foot; joint pain and stiffness; muscle pain and weakness; limping; night pain; and numbness and tingling with significant objective findings- ambulation with the assistance of a cane. He has a history of right foot surgery. He has also tried conservative therapy including pharmacotherapy and activity modifications. The request for Referral to orthopedist for the right foot (ONLY) (in house) to evaluate and treat is medically appropriate and necessary to evaluate his chronic right foot symptoms at this juncture.