

<b>Case Number:</b>	CM15-0128494		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Florida, 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 54 year old female who sustained a work related injury October 1, 2010. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented as a follow-up for her left 5th toe injury and her peroneal tendons. She is wearing a sling on her right upper extremity for a diagnosed ruptured biceps tendon. She went to another physician this day and received a cortisone injection to the toe and it felt better. She complains of balance problems and is concerned her hip will give out. Examination of the left knee revealed she is dysesthetic on the lateral aspect of the knee and has a positive Tinel's. There is tenderness to palpation over the medial and lateral joint lines. She is guarding and stability is difficult to determine. No gross medial or lateral instability noted. Left lateral leg examination revealed an area posterior to the fibula, which has mild concavity. It is tender to palpation and becomes more tender when palpated distally on the peroneal tendons. There is mild edema over the lateral foot and mild tenderness to palpation over the PIP (middle joint) joint. There is minimal tenderness to palpation over the area of fracture, on the base of the middle phalanx of the 5th toe. The 5th toe appears to be dorsiflexed and curling over the dorsum of the 4th toe. The extensor tendon of 5 is noted to be contracted. There is a positive ankle impingement sign at the anterior aspect and lateral gutter of the ankle with moderate pain. She has antalgic gait and avoids toe off on the left. Diagnoses are closed fracture one phalanges foot; enthesopathy ankle and tarsus; abnormality of gait; Achilles tendinitis-bursitis; other disorders synovium-tendon-bursa. Treatment plan included to wear ASO brace for support, wean from

stiff shoes as tolerated, massage areas of scar to reduce scar tissue, and to continue with stretching exercises. At issue, is the request for authorization for an orthopedic consultation for the right hip.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with an orthopedic specialist (right hip): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Office Visits.

**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, page 127.

**Decision rationale:** This claimant was injured in 2010 with a left 5th toe injury and her peroneal tendons. She is diagnosed as having ruptured biceps tendon. She complains of balance problems and is concerned her hip will give out. Diagnoses are closed fracture one phalanges foot; enthesopathy ankle and tarsus; abnormality of gait; Achilles tendinitis-bursitis; other disorders synovium-tendon-bursa. Treatment plan included to wear ASO brace for support, wear from stiff shoes as tolerated, massage areas of scar to reduce scar tissue, and to continue with stretching exercises. At issue, is the request for authorization for an orthopedic consultation for the right hip. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Many orthopedic issues were described, but little objective information regarding the area of request for the consult i.e. the right hip. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified.