

Case Number:	CM15-0178697		
Date Assigned:	09/18/2015	Date of Injury:	10/29/2012
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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 60 year old male, who sustained an industrial injury on 10-29-12. Medical record indicated the injured worker is undergoing treatment for right shoulder rotator cuff tear, chronic left ankle sprain and lumbar sprain-strain. Treatment to date has included physical therapy, home exercise program and activity modifications. Currently on 7-7-15 and on 8-18-15, the injured worker reports he continues to feel improved, ankle will flare up with walking and rates his shoulder and ankle pain 3 out of 10 on 7-7-15 and 2 out of 10 on 8-18-15. He notes he continues to have ankle problems, but has reservations regarding surgery due to financial concerns and would like a second opinion in regards to the ankle. He continues to do his usual and customary duties at work. Physical exam performed on 7-7-15 revealed no abnormalities and on 8-18-15 revealed minimal tenderness over the insertion of the supraspinatus. On 8-18-15 a request for authorization was submitted for second opinion consultation with a podiatrist. On 8-26-15, utilization review non-certified a request for second opinion consultation with a podiatrist noting surgery was previously recommended however the injured worker has reservations regarding surgery, there appear to be no new symptoms and no progression of symptoms since the initial evaluation, given the apparent stability of symptoms and the prior podiatry evaluation a second opinion podiatrist consultation is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatrist consultation for a second opinion for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

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: Key case observations are as follows. The claimant was injured in 2012 with right shoulder rotator cuff tear, chronic left ankle sprain and lumbar sprain-strain. As of notes from July and August, the injured worker reports he continues to feel improved. The ankle will flare up with walking. He has reservations regarding surgery. He continues to do his usual and customary duties at work. Physical exam performed on 7-7-15 revealed no abnormalities. 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. The claimant does not want surgery, and it is not clear what the objective of a second opinion would be. Further, 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. The request is not medically necessary.