

<b>Case Number:</b>	CM15-0179557		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/01/1992
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 68 year old female, who sustained an industrial injury on 6-01-1992. The injured worker was diagnosed as having unspecified hereditary and idiopathic peripheral neuropathy. Treatment to date has included diagnostics, left knee replacement 5-2011, right knee replacement 6-2012, left shoulder surgery 5-2013, chiropractic, and orthotics. On 6-25-2014, the injured worker had multiple complaints, one of which was slamming her right foot into a door while trying to regain balance after her knee gave out. It was reported that this incident occurred on 6-18-2015 and she reported a broken fourth toe on her right foot. X-rays of the right toe(s) on 6-18-2015 showed a non-displaced, intra-articular fracture involving the distal aspect of the proximal phalynx of the right fourth toe. She was placed in a dynamic splint while at the emergency department. She reported needing new orthotics. She was recommended activities to tolerance and a home exercise program. Objective findings on 6-25-2015 did not include an examination of the right toes. The treatment plan included a specialist consultation follow-up as an outpatient, related to broken right fourth toe, non-certified by Utilization review on 8-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist consultation follow-up, related to broken right 4th toe, as an outpatient:**

Overtured

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** The patient presents with right 4th toe injury. The request is for specialist consultation follow-up, related to broken right 4th toe, as an outpatient. The request for authorization is not provided. X-ray of the right fourth toe, 06/18/15, shows non-displaced, intra-articular fracture involving the distal aspect of the proximal phalanx of the right fourth toe. The patient states that she was walking when she accidentally fell injuring her right 4th toe. She reports pain with walking and limited range of motion. She denies any laceration to her right foot. Patient has been placed in a dynamic splint. Patient was given Tylenol for pain. The patient's work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 has the following: 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. Treater does not discuss the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Specialist Consultation Follow-up. The patient continues with foot pain. Given the patient's condition, the request for a Specialist Consultation Follow-up appears reasonable. Therefore, the request is medically necessary.