

Case Number:	CM15-0062393		
Date Assigned:	04/08/2015	Date of Injury:	07/30/2012
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: New Jersey

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:

The injured worker is a 55-year-old male, with a reported date of injury of 07/30/2012. The diagnoses include foot/ankle tenosynovitis, and rupture of foot tendon. Treatments to date have included oral medications. The medical report dated 3/9/15 reportedly indicates that the injured worker presented for a follow-up of his right ankle. The physical examination focused on the right ankle. There was no mention of the right knee and hip. However, the medical report from which the request originates was not included in the medical records provided for review. The treating physician requested a consultation with an orthopaedic surgeon for evaluation of the right knee and hip without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopaedic surgeon for evaluation of the right knee and hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was insufficient documentation provided which might help support the referral to an orthopedic surgeon for the right knee and hip. There was no subjective complaint or physical findings found in the documents provided which showed any abnormality of the knee or hip to suggest a referral for these would be appropriate. Without a more clear indication for such request, the consultation with an orthopedic surgeon for evaluation of the right knee and hip will be considered medically unnecessary at this time.