

<b>Case Number:</b>	CM15-0075659		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 55-year-old female, who sustained an industrial injury on 12/04/2012. She reported low back and left ankle injuries. Diagnoses include musculoligamentous strain of the lumbosacral spine with degenerative changes and tear of the anterior fibular ligament of the left ankle. Treatments to date include activity modification, therapeutic ankle brace, medication therapy, physical therapy, TENS unit, and therapeutic joint injections. Currently, she complained of pain in the sacroiliac joint, back and left ankle. There was relief documented with prior sacroiliac joint injection and self-paid physical therapy. On 3/27/15, the physical examination documented no new acute findings. The plan of care included an orthopedic surgery consultation to evaluate for the left ankle surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist referral, surgical consultation for left ankle:** Overturned

**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 ACOEM Practice Guidelines, Chapter 7 page 127, consult.

**Decision rationale:** Based on the 03/27/15 progress report provided by treating physician, the patient presents with left ankle pain. The request is for SPECIALIST REFERRAL SURGICAL CONSULTATION FOR LEFT ANKLE. No RFA provided. Patient's diagnosis on 03/27/15 includes left ankle sprain, chronic anterior fibular ligament sprain and edema. Patient ambulates with abnormal gait, per 07/30/14 progress report. Treatments to date include activity modification, therapeutic ankle brace, medication therapy, physical therapy, TENS unit, and therapeutic joint injections. Patient medications on 09/22/14 included Norco, Advil and Omeprazole. The patient is working, per 03/27/15 treater report. Progress reports were handwritten and difficult to interpret. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The requesting physician is an orthopedic surgeon. Per 03/27/15 progress report, treater requests surgical consult with foot specialist due to chronic anterior fibular ligament. In this case, the patient continues to have left ankle pain despite conservative care. The request for surgical consult with foot specialist appears reasonable and may benefit the patient. Therefore, the request IS medically necessary.