

Case Number:	CM15-0122350		
Date Assigned:	07/06/2015	Date of Injury:	09/24/2012
Decision Date:	10/02/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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 48 year old female who sustained an industrial injury on 9-24-12. In the most recent progress report made available, dated 2-16-15, the treating physician notes the injured worker is awaiting surgery. She uses a brace on the right ankle for stability. She alternates a velocity brace with orthotics. She cannot walk for more than 10 minutes. She can walk greater distance and time, but with increased pain. Pain is noted over the right plantar heel centrally and medially. Eversion and inversion cause pain. Forceful dorsiflexion on the ankle causes sinus tarsi pain. Diagnoses are bilateral plantar fasciitis, enthesopathy of the calcaneus, internal derangement of sinus tarsi, sinus tarsitis, synovitis, internal derangement of subtalar joint, peripheral nerve impairment, chronic pain, failure of conservative care, and navicular subchondral cystic changes. An MRI of the right ankle dated 5-22-15, reveals the impression as synovial versus ganglion cyst along the origin of the flexor hallucis longus tendon, posterior tibialis tenosynovitis, flexor digitorum tenosynovitis, flexor hallucis tenosynovitis, calcaneal spurring, and plantar fasciitis. Previous treatment noted includes Tramadol, Ibuprofen, topical creams, velocity brace, and orthotics. The requested treatment is an orthopedic evaluation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, 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: This claimant was injured in 2012. As of February, the claimant is reportedly awaiting surgery. She uses a brace on the right ankle for stability. She alternates a velocity brace with orthotics. She cannot walk for more than 10 minutes. She can walk greater distance and time, but with increased pain. Diagnoses are bilateral plantar fasciitis, enthesopathy of the calcaneus, internal derangement of sinus tarsi, sinus tarsitis, synovitis, internal derangement of subtalar joint, peripheral nerve impairment, chronic pain, failure of conservative care, and navicular subchondral cystic changes. 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. I did not find objective evidence of surgically correctable orthopedic lesions. Also, 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 medically necessary.