MAXIMUS Federal Services

Case Number:	CM13-0038973		
Date Assigned:	12/18/2013	Date of Injury:	12/04/2007
Decision Date:	06/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a Utilization Review Report dated September 24, 2013, the claims administrator partially certified a request for one follow-up visit every four to six weeks as one follow-up visit alone, partially certified a request for drug testing every three months as one drug test alone, denied a request for medical transportation, and denied a request for preoperative labs. The claims administrator cited non-MTUS-ODG Guidelines in partially certifying the office visit and denied the medical transportation using the California Labor Code as opposed to the MTUS. The applicant's attorney subsequently appealed. A February 4, 2014 progress note was notable for comments that the applicant reported persistent ankle pain. The applicant apparently complained that she had not received the intra-articular injection under general anesthesia owing to the fact that the claims administrator had not approved the medical clearance. The applicant is in significant pain, is reportedly disabled, and is off of work. The applicant is wearing a CAM walker, exhibited pain and tenderness about the lateral ankle, and discoloration consistent with reflex sympathetic dystrophy. The applicant was 53 years old, it was stated, and stood 5 feet 1 inch tall and weighed 222 pounds. Authorization was sought for medical clearance for the intraarticular injection into the left ankle. The applicant was kept off of work. Lyrica, Flexeril, and Tramadol were renewed. On November 12, 2013, the attending provider stated that denying the preoperative labs was tantamount to denying the procedure outright. The attending provider reiterated that this procedure needed to be performed under sedation and with ultrasound guidance. On October 18, 2013 medical-legal evaluation was notable for comments that the applicant was off of work. The applicant was reportedly on vitamins, glutathione, Levoxyl, leflunomide, estrogen, progesterone, Folate, Methotrexate, Tramadol, potassium, Lyrica, and Flexeril. The applicant has a history of hypothyroidism, anemia, and arthritis, it was suggested.

The applicant's BMI was 41. The medical-legal evaluator suggested that the applicant pursue non-operative treatment for her reflex sympathetic dystrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REQUEST PTP FOLLOW UP VISIT EVERY 4-6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, do endorse frequent follow-up visits in order to provide structure and reassurance even when an applicant has a medical condition which is not expected to change appreciably from week to week, in this case, however, the attending provider has seemingly sought open ended follow-up visits for the remainder of the claim. This is not indicated. While the applicant may in fact need frequent follow-up visits, as suggested by ACOEM, the need for these should be contingent on the applicant's individualized progress from visit to visit. If, for example, the applicant does reported a favorable response to the injection in question, then the frequency of follow-ups could be diminished further. Conversely, if the applicant experienced heightened pain complaints at a later point, more frequent follow-up visits would be indicated. Therefore, the proposed one follow-up visit every four to six weeks is not medically necessary, for all of the stated reasons.

1 POC UA DRUG TEST EVERY 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, the frequency of drug testing should be dictated by an applicant's classification into high risk, moderate risk, and/or intermediate risk strata. An attending provider should also clearly state which drug tests and/or drug panels are being tested for, ODG goes on to note and attach the applicant's complete medication list along with the request for authorization for testing. In this case, however, the attending provider has not clearly attached the applicant's complete medication profile to the request for testing. The attending provider has not stated which drug tests and/or drug panels he is testing for. The attending provider has not stated when the last time the applicant was previously tested. Therefore, the

request is not medically necessary as several ODG criteria for pursuit of drug testing have not seemingly been met.

TRANSPORTATION TO AND FROM TELACHAPI SURGERY CENTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Employee's/Patient's Role.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is the responsibility to keep scheduled medical appointments. In this case, then, the request for medical transportation to and from the surgery center represents an item which has been deemed by ACOEM to be a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.

PRE OP LABS: CBC, CHEM 12, PT, PTT, AND UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/285191-overview#aw2aab6b3.

Decision rationale: The MTUS does not address the topic. As noted by Medscape, urinalysis should not be routinely done for asymptomatic applicants. In this case, the applicant does not have any active symptoms of dysuria, polyuria, or hematuria. It is not clear why a urinalysis is being sought. Medscape goes on to note that a PT and PTT abnormalities are estimated to be less than 1% in applicants with an absence of a history of bleeding diathesis. In this case, there is no clear history of bleeding diathesis which would support testing of the PT and PTT. Medscape does endorse preoperative hemoglobin testing/CBC testing in applicants with a history of anemia, it is incidentally noted. In this case, while the applicant does have a history of anemia which would support the CBC component of the request, several other components of the request, including the PT, PTT, and urinalysis are not supported by Medscape, given the applicant's absence of a history of bleeding diathesis and the applicant's absence of any urinary symptoms. Since partial certifications are not permissible through the Independent Medical Review process, the request is wholly not medically necessary, on Independent Medical Review.