

<b>Case Number:</b>	CM13-0045414		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

Injured worker is a female with date of injury 11/8/2010. Per follow up podiatric evaluation and report of a secondary treating physician and request for authorization dated 10/10/2013, the injured worker returned to clinic for follow up of painful bilateral ankles. She is doing better and stating the injections have helped reduce the pain to about 4 out of 10 on both sides. She states her medication have been extremely helpful. On exam motor function is 5/5 throughout both lower extremities. Peripheral neurologic exam is normal with the exception of mild hypersensitivity bilaterally at lateral sural (L4-S2) and sural (S1, S2) distributions. There is decreased edema noted for bilateral ankles. There is decreased pain with palpation of bilateral sinus tarsi and with palpation of bilateral peroneals and with distraction/impaction of bilateral ankle joints. There is residual pain with palpation of bilateral calves/Achilles tendons at insertion and with ankle joint dorsiflexion and plantarflexion. Gait examination is still positive for antalgic gait equally distributed on both sides without the use of any assistive devices, but improved since last visit. Range of motion is normal. Diagnoses include 1) status post left ankle sprain secondary to fall and weakness 2) peroneal tendonitis, left greater than right 3) myalgia, left greater than right 4) bursitis, left greater than right 5) capsulitis, left greater than right 6) edema, left greater than right 7) pain, left greater than right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE FOLLOW UP VISIT IN 2 WEEKS:** Overturned

**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 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** The requesting physician reports that the plan includes follow up in one month; however this request is for follow up in two weeks. The plan does not include any anticipated treatment changes within the next follow up period. The claims administrator opinions that the follow up in two weeks is premature as the injured worker are demonstrating improvement. The claims administrator also notes that there are multiple providers involved in the care of this injured worker. Per the MTUS Guidelines, patients with ankle and foot complaints may have initial follow-up every three to five days who can provide counseling about avoiding static positions, medication use, activity modifications, and other concerns. Physician follow-up is appropriate when a release to modified, increased, or full duty work is needed, or after appreciable healing or recovery is expected. Later physician follow up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. A follow up visit at two weeks is supported by these guidelines. The request for one follow up visit in 2 weeks is determined to be medically necessary