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| <b>Case Number:</b>   | CM13-0058287 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/07/2011 |
| <b>Decision Date:</b> | 05/06/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 69 year-old female who reported an injury on 09/07/2011. The mechanism of injury was falling down stairs. The injured worker had a bimalleolar fracture and had an open reduction and internal fixation on 09/7/2011. The documentation of 10/01/2013 was from an orthopedic physician. It indicated the injured worker was having increased pain and swelling over the right ankle and difficulty with weight bearing. The radiographs revealed a healed bimalleolar ankle fracture. The documentation of 10/16/2013 in the form of an initial psychological evaluation request for treatment included the validity was questionable. It was indicated that the injured worker's somatic complaints were average, functional complaints were moderately high, depression was moderately high, and anxiety was average. The injured worker scored of 8 on the Beck Depression Inventory, which placed her in a minimum range of clinical depression and scored a 7, which was suggestive of a minimal anxious state on the Beck Anxiety Inventory. The diagnosis included an adjustment disorder with mixed emotional features, and the injured worker had a Global Assessment of Functioning of 66. The recommendation was for cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOUR (4) FOLLOW UP VISITS EVERY SIX (6) TO EIGHT (8) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHRONIC PAIN,

OCCUPTATIONAL MEDICINE PRACTICE GUIDELINES, PAGES 319-320.  
PROFESSIONAL PSYCHOLOGY, RESEARCH AND PRACTICE, PAGES, 31, 141-154, 147.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OFFICE VISITS.

**Decision rationale:** Official Disability Guidelines indicate that the need for clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was neither DWC Form RFA, nor PR-2 with an objective physical examination to support the necessity for office visits and to clarify which type of an office visit was being requested, cognitive behavioral therapy or orthopedic visit. The documentation of 10/16/2013 requested cognitive behavioral therapy. Given the above and the lack of documentation and clarity, the request for 4 follow-up visits every 6 to 8 weeks is not medically necessary.