

Case Number:	CM13-0064067		
Date Assigned:	01/03/2014	Date of Injury:	11/07/2011
Decision Date:	12/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 American Board of Family Practice 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:

58-years old female claimant sustained a work injury on 11/7/11 involving the ankle, neck and back. She was diagnosed with ankle strain, cervical degenerative disk disease, lumbar disk disease, lumbago and cervicalgia. She had undergone epidural injections of her lumbar spine and physical therapy. An orthopedic surgical visit on 10/7/13 indicated the claimant had reduced range of motion of the lumbar spine and left ankle. There was a positive straight leg raise on the right side and tenderness in the medial malleolus. The physician requested a follow-up visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow-up visits.

Decision rationale: According to the guidelines, follow-up visits are recommended as medically necessary. In this case, there was no intervention performed for the claimant's symptoms. The need for follow-up expected goals of therapy/intervention was not mentioned. There was no plan for surgery noted or imaging follow-up. The request for a follow-up is not medically necessary.

