

Case Number:	CM14-0000544		
Date Assigned:	01/17/2014	Date of Injury:	05/13/2008
Decision Date:	04/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 presents with a date of injury of 5/13/2008. He was seen by his primary treating physician on 12/9/2013 for complaints of right shoulder pain, back pain, knee pain and left ankle pain. He was using pain cream to his left knee and ankle and the pain in his left second toe is better since an injection. He is able to walk more and get things done around the house. On physical exam, he had pain with palpation of the left second interspace but decreased from before. He also had pain with palpation of the medial ankle near the posterior tibial tendon and left ankle capsule. He had pain with passive and active range of motion of his right arm and palpation of the paraspinal muscles of the low back. Neurologic exam showed decreased sensation of sharp/dull and light touch on the dorsal aspect of the left foot. He had pain with palpation of the left knee on the medial and lateral joint level. His diagnoses included sinus tarsi syndrome, left ankle capsulitis, possible synovitis, neuroma left second foot interspace, right shoulder capsulitis and tendonitis, plantar fasciitis, low back pathology and left knee capsulitis. He was to continue his home exercises, stretches and medication. He was advised to apply hot packs to his calf and roll a plastic water bottle on the bottom of his left foot to decrease pain. The physician was to contact the acupuncturist and physical therapist for reports. He planned to see the worker in two weeks and that follow up visit is at issue in this review.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This worker has been injured since 2008 and has chronic pain in his foot, ankle, knee and back. Per the MTUS, 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. In this case, the worker was 'temporarily totally disable and "appreciable" healing and recovery is not expected as the symptoms are chronic. The treatment plan is basic and a routine follow up visit in two weeks is not medically necessary based upon the records reviewed.