

Case Number:	CM14-0004380		
Date Assigned:	02/05/2014	Date of Injury:	12/04/2007
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/11/2014

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 Internal 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:

The injured worker is a 53-year-old female who reported an injury on 12/4/07; after walking into the office, she felt a pop and stinging sensation in her left ankle that caused her to fall, and caused injury to her left wrist. The injured worker developed right foot pain secondary to an altered gait. The injured worker was conservatively treated with therapy, activity modifications, orthotics, and medications. The injured worker was evaluated on 11/12/13. It was noted that the injured worker had received authorization for an intra-articular injection to the ankle under sedation. Physical findings included continued pain complaints secondary to post traumatic reflex sympathetic dystrophy. The injured worker's diagnoses included neurological symptoms of the lower extremity, internal derangement of the ankle joint, and consistent synovitis and pain. The injured worker's treatment plan included request for preoperative laboratory testing and an extension of authorization for the injection was already approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN ON GOING FOLLOW UP VISITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Office Visits

Decision rationale: The California MTUS does not address follow-up visits, so the Official Disability Guidelines were consulted. The Official Disability Guidelines recommend office visits to assess for treatment of chronic pain. The clinical documentation indicates that the injured worker has chronic pain and is on medications that would require regular monitoring. However, the request as it is submitted is open ended. Continued care would need to be based on ongoing documentation of need for medical treatment. As such, the requested unknown ongoing follow-up office visits are not medically necessary or appropriate.

PRE -OPERATIVE LABS : COMPLETE BLOOD COUNT ,CHEM 12 ,PROTHROMBIN TIME, PARTIAL THROMBOPLASTIN TIME ,URIC ACID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: The California MTUS does not address this request, so the Official Disability Guidelines were consulted. The Official Disability Guidelines do not routinely recommend preoperative lab testing. Guidelines recommend preoperative urinalysis for invasive neurological procedures or implantation of foreign material. The clinical documentation does not provide any evidence that the injured worker is undergoing an invasive neurological procedure or that a foreign body will be implanted within the ankle joint. Guidelines recommend coagulation studies for injured workers who have a history of bleeding or medical conditions that would contribute to intraoperative or postoperative leading issues. The clinical documentation does not provide any evidence that the injured worker has any history of leading issues that would require this kind of preoperative study. Additionally, the guidelines do not recommend complete blood counts unless there is a risk of anemia or a significant risk of perioperative blood loss. Clinical documentation submitted for review does not provide any evidence that the injured worker is possibly anemic or is at risk for significant intraoperative blood loss. Additionally, the guidelines recommend electrolyte and creatinine testing for injured workers with underlying chronic comorbidities that put the injured workers at risk for electrolyte abnormalities or renal failure. The clinical documentation submitted for review does not provide any evidence that the injured worker is at risk for dehydration or other electrolyte abnormalities or renal failure. As such, the requested preoperative labs are not medically necessary or appropriate.