

<b>Case Number:</b>	CM14-0009281		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

The patient is a 32-year-old male who has submitted a claim for status post open reduction internal fixation of comminuted distal tibia and fibula fracture, right leg contusion, right lower extremity complex regional pain syndrome, chronic low back pain secondary to antalgic gait, depression, anxiety, stress, and insomnia associated with an industrial injury date of 05/09/2012. The medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the right foot. Aggravating factors included standing, walking, climbing stairs, bending, and twisting. Alleviating factors included medications, hot/cold modalities, and rest. The patient likewise complained of right ankle / foot pain associated with burning, numbness, and tingling sensation at the heel. He experienced symptoms of depression, anxiety and stress. A physical examination of the lumbar spine showed muscle guarding, tenderness and painful range of motion. Edema and restricted range of motion were noted at the right ankle. Both inversion and eversion tests resulted to pain. Strength of right lower extremities was graded 4/5 and the gait was antalgic. The treatment to date has included open reduction internal fixation of comminuted distal tibia and fibula fracture, physical therapy, hot / cold modalities, and medications such as Norco, Gabapentin, Motrin, Percocet, Omeprazole, and topical products. Utilization review from 12/27/2013 denied the requests for medicine doctor for medication consult because of lack of documented indication, denied consultation / evaluation for custom functional orthotics because the patient had no plantar fasciitis or rheumatoid arthritis warranting such, denied follow-up with pain management because of lack of documented indication, denied follow-up with urologist because previous progress report was not available for review, and denied both echocardiogram and EKG because of lack of compelling rationale for requesting such.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **REFER TO MEDICAL DOCTOR FOR MEDICAL CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there was no documented rationale for the request. Patient had no new complaints or objective findings that may warrant referral to internal medicine specialist. The medical necessity cannot be established due to insufficient information. Therefore, the request for refer to medical doctor for medical consultation is not medically necessary.

### **REFER TO CONSULTATION/EVALUATION FOR CUSTOM FUNCTIONAL ORTHOTICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Therefore, the request for is medically necessary. In this case, the patient complained of pain at the low back, knee and ankle areas. The request failed to specify body part to be consulted for possible orthotics placement. The request is incomplete; therefore, the request for refer to consultation/evaluation for custom functional orthotics is not medically necessary.

### **FOLLOW-UP WITH PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

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

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, a pain management specialist last saw patient on 09/18/2013. He was prescribed opioids and Terocin patch. The medical necessity of follow-up visit has been established for monitoring of response to therapy. However, the request failed to specify the number of office visits needed for this case. The request is incomplete; therefore, the request for follow-up with pain management is not medically necessary.

**FOLLOW-UP WITH UROLOGIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

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

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, urologist last saw the patient on 10/29/2013. He reported symptoms of sexual dysfunction and decreased libido. The patient was prescribed Cialis. The medical necessity of follow-up visit has been established for monitoring of response to therapy. However, the request failed to specify the number of office visits needed for this case. The request is incomplete; therefore, the request for follow-up with urologist is not medically necessary.

**REFER TO ECHOCARDIOGRAM:** 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 American College of Cardiology/American Heart Association Guidelines for the Clinical Application of Echocardiography.

**Decision rationale:** The California MTUS does not specifically address exercise testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the American College of Cardiology (ACC) /American Heart Association (AHA) Guidelines for the Clinical Application of Echocardiography was used instead. Guidelines state that echocardiographic techniques, at rest and particularly coupled with stress, can be helpful in clinical decision making regarding medical therapies and clinical interventional therapies, in evaluating the results of therapy, in prognostication, and clinical follow-up of patients with known coronary artery disease and new or changing symptoms. In this case, there were no subjective complaints or objective findings pertaining to the cardiovascular system that may warrant this procedure. There was no documented rationale for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for echocardiogram is not medically necessary.

**REFER TO ELECTROCARDIOGRAM (EKG):** 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 Harrison's Principles of Internal Medicine, 18th ed., Chapter 228 Electrocardiography.

**Decision rationale:** The California MTUS does not specifically address this issue. As stated in Harrison's Principles of Internal Medicine, electrocardiogram (ECG) is used in detecting arrhythmia, conduction abnormalities, myocardial ischemia, metabolic disturbances or increased susceptibility to sudden cardiac death (QT prolongation syndrome). In this case, there were no subjective complaints or objective findings pertaining to the cardiovascular system that may warrant this procedure. There was no documented rationale for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for electrocardiogram is not medically necessary.