

Case Number:	CM14-0105343		
Date Assigned:	07/30/2014	Date of Injury:	09/15/2005
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 claimant was injured on 09/15/05. A follow-up visit with [REDACTED] is under review. He has a primary diagnosis of tarsal tunnel syndrome. He saw [REDACTED] on 01/14/14. Multiple studies were ordered. An EKG revealed sinus rhythm and a borderline AV conduction delay. He saw [REDACTED] on 01/27/14. He had been referred for a toxicological evaluation. He had been exposed to jet fuel when he was transferring fuel on 09/15/05. He was diagnosed in the past with peripheral neuropathy but did not know the cause. He was also status post left tarsal tunnel foot surgery. There were no significant findings on physical examination. He also saw [REDACTED] on 03/26/14. He was overweight. He also had bilateral carpal tunnel and cubital tunnel syndromes with small fiber neuropathy and lumbar radiculitis. The notes are nearly illegible. Home care assistance was recommended. He was to start Prilosec for heartburn. He had an office visit with [REDACTED] on 05/08/14. He still had numbness. The note is largely illegible. It appears that he was to have a treadmill test and he had neuropathy. He was originally seen for exposures to chemicals and dust and he complained of shortness of breath, stomach pain, chest pain, asthma, dizziness, tingling/numbness of his hands/legs and stress. Physical examination was unremarkable. He saw [REDACTED] on 06/17/14 for a podiatric follow-up evaluation. He had an antalgic ambulation with difficulty with weightbearing and still had low back pain. He needed authorization for surgery and for continuation of PT. He had some scar adhesions.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot - Office visits.

Decision rationale: The history and documentation do not objectively support the request for a follow up office visit with [REDACTED]. The MTUS recommend office visits for specific reasons such as opioid management and follow up. The ODG state office notes are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." In this case, the specific indication for the follow up visit is unclear as the original notes are nearly illegible. No indication for a follow up visit, including follow up of studies that were done or medication management can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated.