

Case Number:	CM14-0018458		
Date Assigned:	04/18/2014	Date of Injury:	05/28/2003
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This is a 57-year-old female with a date of injury of 5/28/03. The mechanism of injury occurred when she tripped and fell, injuring her right ankle, shoulder, neck and low back. On 1/15/14, she has had some puffiness of her right ankle, but recently that swelling has gone down. Objective findings: incisions are well healed, she had a low-level ankle effusion, resolving. The diagnostic impression Lumbago, ankle joint pain. Treatment to date: surgery, physical therapy, home exercise therapy, medication management. A UR decision dated 2/7/14, denied the request for a repeat evaluation in 2 months for the right ankle. The rationale for denial was not included in the submitted report.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EVALUATION IN TWO MONTHS FOR THE RIGHT ANKLE, QTY: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 89.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Office Visits.

Decision rationale: CA MTUS does not specifically address the issue. (ODG) Official Disability Guidelines states that Evaluation & 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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. Evaluation and management 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 patient has ankle discomfort and guidelines do support the need for clinical office visits with a health care provider for proper diagnosis, evaluation and management. Therefore, the request for repeat evaluation in 2 months for right ankle was medically necessary.