

Case Number:	CM14-0131093		
Date Assigned:	08/20/2014	Date of Injury:	05/05/2011
Decision Date:	10/01/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice and is licensed to practice in Texas and Missouri. 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 05/05/2011. The mechanism of injury was reported as a fall while walking down a flight of stairs. Her diagnoses included synovitis of the ankle, tarsal tunnel syndrome, chronic lower limb pain, plantar fasciitis, neuropathy of the ankle, and reflex sympathetic dystrophy. Treatments included physical therapy, several cortisone injections, a home exercise program, an ankle brace, soft cast, and heat/cold therapy. Her diagnostics included an MRI of the right ankle on 04/26/2012 that showed no actual ligament tears. In late 2012 she had a right tarsal tunnel release with plantar fasciotomy which was reportedly complicated by reflex sympathetic dystrophy/complex regional pain syndrome. The note from 06/09/2014 noted the injured worker complained of constant right ankle foot pain that was slight to moderate at the time of examination. It was reported that she was able to walk up to 10 minutes and stand for up to 10 minutes prior to having to rest due to the right ankle and foot pain. The injured worker reported that she did not get any relief from her foot surgery in 2012. Upon physical examination, it was noted there was swelling and some giving way of the ankle. She was not able to stand on her heels and toes due to discomfort and was noted to have an antalgic gait on the right side. The sensory examination revealed dysesthesia over the toes of the right foot. Her medications included Oxycodone, Metoprolol, and Imitrex. The treatment plan was for follow up visits with a pain management specialist x4. The rationale for request was it was believed the injured worker had chronic pain syndrome. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow -up visit with a pain management specialist x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: The CA MTUS/ACOEM Guidelines state that 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. As stated in the Official Disability Guidelines, 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 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. The injured worker had a right foot plantar fasciotomy and a right tarsal tunnel release done in 2012, which was reportedly complicated by reflex sympathetic dystrophy/complex regional pain syndrome. The guidelines indicate that the determination for necessity of an office visit requires individualized case review and assessment. The request for 4 visits does not allow for the reevaluation of treatment. As such, the request for follow up visits with a pain management specialist x4 is not medically necessary.