

Case Number:	CM14-0089954		
Date Assigned:	07/23/2014	Date of Injury:	02/03/2010
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 02/03/2010 due to an injury he received while trying to break up a fight and was hit from behind. The injured worker has diagnoses of pain in the joint lower leg, pain in joint ankle/foot, pain in the thoracic spine, and unspecified major depression. The injured worker's past treatment consists of surgery, a home exercise program, yoga, stretching, physical therapy, and medication therapy. Medications include ketamine 5% apply affected area 3 times a day, orphenadrine ER 100 mg 1 tablet as needed for spasms, Lidoderm 5% patch apply 2 patches to affected area 12 hours on and 12 hours off, Tylenol EX 500 mg 1 tablet 2 times a day, and amitriptyline HCL 50 mg 1 tablet by mouth before bed. An MRI of the left knee dated 09/24/2011 showed an old healed tibial plateau fracture and moderate amount of scarring along the anterior aspect of the lateral compartment. An MRI of the lumbar spine dated 09/24/2011 showed a grade I spondylolisthesis of L5 and S1 with no obvious pars defect. There was moderate bilateral neural foraminal stenosis and displacement of the S1 nerve roots bilaterally. The injured worker is status post left knee surgery and more recently left ankle surgery in 12/2012. The injured worker complained of left knee and left ankle pain. There were no measurable pain levels documented in the submitted report. The injured worker did state occasional spasms in the left calf and sometimes the bottom of the left foot. Physical examination dated 07/21/2014 revealed that the injured worker's muscle tone was without atrophy in the right upper extremity, left upper extremity, right lower extremity, and left lower extremity. The report lacked any pertinent evidence of range of motion or muscle strength. The treatment plan is for the injured worker to receive 4 follow-up visits. The rationale provided by the provider is determined to be medically necessary. Evaluation and management of outpatient visits to the office of doctors play a critical role in the proper

diagnosis and return to the function of the injured worker. The request for authorization form was submitted on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management 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 (ODG) Office Visits.

Decision rationale: The request for 4 follow-up visits is not medically necessary. The injured worker complained of left knee and left ankle pain. There were no measurable pain levels documented in the submitted report. Official Disability Guidelines recommend office visits as they are to be determined 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. The request submitted did not specify a time frame as to when the injured worker would be attending the follow-up visits. There was also no submitted documentation regarding the current clinical situation with the injured worker to determine when they would need to be seen again and without that information, necessity of 4 visits cannot be determined. Furthermore, findings at an office visit will also determine the frequency of the next visit. As such, the request for 4 follow-up visits is not medically necessary.