

Case Number:	CM14-0098083		
Date Assigned:	07/28/2014	Date of Injury:	10/01/2003
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 38-year-old gentleman was reportedly injured on October 1, 2003. The mechanism of injury is noted as being swarmed by bees. The most recent progress note, dated August 11, 2014, indicates that there are ongoing complaints of foot and ankle pain. The physical examination demonstrated psoriasis of the left knee and bilateral tibialis. There was a positive Tinel's test at the superficial peroneal nerve of the right ankle. Ankle range of motion was painful bilaterally and there was tenderness at the ATFL and the CFL as well as the peroneal tendons. There was also deltoid ligament tenderness. No instability was noted. Diagnostic imaging studies of the right ankle showed a 10 mm ganglion cyst along the plantar flexor tendons. Previous treatment includes right ankle steroid injections and use of an ankle brace. A request had been made for follow-ups for pain management, podiatry, and pain psychology and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Pain Psychology follow-ups: 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) Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Treatment: Integrated Treatment/Disability Duration Guidelines, Pain Chronic.

Decision rationale: A review the attached medical record indicates that the injured employee has previously been seen by psychology for issues including panic disorder, dysthymia, anxiety, and depression. Considering this, a follow-up with pain psychology is warranted, however as the number of follow-up appointments is not specified, this request for an unknown number of follow-ups with pain psychology is not medically necessary.

Unknown Pain Management Follow-ups: 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) Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment: Integrated Treatment/Disability Duration Guidelines, Pain Chronic.

Decision rationale: According to 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 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. The injured employee stated to have been prescribed opioid medications which would require a follow-up with pain management. However as this request does not specify the number of follow-ups, this request for an unknown number of pain management follow-ups is not medically necessary.

Unknown Podiatry Follow-ups: 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 Official Disability Guidelines (ODG) Treatment: Integrated Treatment/Disability Duration Guidelines, Pain Chronic.

Decision rationale: The injured employee has been seen previously by podiatry has received steroid injections from that service. Considering this a follow-up with podiatry is warranted. However as this request is not specify the number of follow-ups with podiatry, this request for an unknown number of podiatry follow-ups is not medically necessary.