

<b>Case Number:</b>	CM14-0135039		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, leg, and ankle pain reportedly associated with an industrial injury of May 7, 2014. In a Utilization Review Report dated July 27, 2014, the claims administrator failed to approve a request for a follow-up visit with a [REDACTED]. In an RFA form dated June 11, 2014, the attending provider sought authorization for chiropractic manipulative therapy, physical therapy, x-rays of the left lower leg, right lower leg, left ankle, and right ankle. A functional capacity evaluation and a referral to a [REDACTED] were endorsed for ongoing complaints of ankle pain. On July 2, 2014, the applicant apparently consulted said [REDACTED]. 8-9/10 bilateral ankle pain was noted. The note was handwritten, not entirely legible, and difficult to follow. Bilateral ankle braces, tramadol, Prilosec, Menthoderm, and Relafen were endorsed. The applicant's work status was not furnished. Twelve sessions of physical therapy were sought, along with MRI imaging of the legs. A follow-up visit was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance, even in those applicants whose conditions are not expected to change appreciably from week to week. Here, the named provider apparently ordered physical therapy, ankle braces, medications, imaging studies, etc. Obtaining a follow-up visit with said provider to monitor the applicant's response to the previously requested treatment was thus, indicated, per ACOEM. Therefore, the request is medically necessary.