

<b>Case Number:</b>	CM15-0109191		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old female patient, who sustained an industrial injury on 6/7/10. She reported injuring her right ankle after she tripped off a step. The diagnoses include lumbar spine sprain, status post right ankle surgery times three with residuals and compensatory left foot pain. Per the PR2 dated 9/29/14, she had complaints of low back pain radiating to the upper back and both legs. She also has continued right ankle pain and swelling. She has not returned to work. The physical examination revealed lumbar flexion 50 degrees, extension 10 degrees and lateral 10 degrees bilaterally the right ankle; limited range of motion, swelling and substantial pain. This is the most current progress note in the case file. The current medications list is not specified in the records provided. Treatment to date has included post-operative physical therapy, right ankle surgery x 3, Lyrica and home exercises. The treating physician requested a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit x1:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had low back pain radiating to the upper back and both legs. She also has continued right ankle pain and swelling. She had significant objective findings including lumbar flexion 50 degrees, extension 10 degrees and lateral 10 degrees bilaterally- the right ankle- limited range of motion, swelling and substantial pain. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Therefore follow up visits are medically appropriate and necessary. The request for Follow-up visit x1 is deemed medically appropriate and necessary for this patient at this juncture.