

Case Number:	CM15-0132143		
Date Assigned:	07/20/2015	Date of Injury:	02/18/2015
Decision Date:	09/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 54 year old female with an industrial injury dated 02-18-2015. The injured worker's diagnoses include lumbar spine strain, right foot strain and right ankle surgery. Treatment consisted of diagnostic studies, prescribed medications, open reduction internal fixation (ORIF) of right ankle fracture on 03-12-2015, right ankle removal of syndesmotic screw on 04-16-2015, crutches, right surgical boot and periodic follow up visits. In a progress note dated 05-06-2015, the injured worker reported bilateral shoulder pain, lower back, right ankle and right foot pain. Objective findings revealed use of crutches and right surgical boot, right mid anterior thigh intact and diminished sensation on the right mid lateral calf and right lateral ankle. In a more recent progress note dated 06-03-2015, the injured worker reported numbness and tingling of right toes, constant pain in lumbar spine and right knee pain. Physical exam revealed right knee tenderness and painful lumbar spine range of motion. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for follow up for pain medications, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up for pain medications: 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) Pain section, Follow up visits.

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), follow-up for pain medications is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the worker's working diagnoses are lumbar spine strain; and status post right ankle surgery; and right foot strain. The date of injury is February 18, 2015. Request for authorization is June 15, 2015. The treating provider is [REDACTED]. The injured worker underwent open reduction internal fixation of lateral malleolus on March 12, 2015. According to a progress note dated June 3, 2015, the treatment plan indicates medications are to be provided by [REDACTED]. The treating provider requests follow up for pain medication. There are no pain medications documented in the progress note. Consequently, absent clinical documentation with medication section and pain medications, follow-up for pain medications is not medically necessary.