

<b>Case Number:</b>	CM15-0184783		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male with an industrial injury dated 04-04-2013. A review of the medical records indicates that the injured worker is undergoing treatment for foot pain, tarsal tunnel syndrome, reflex sympathetic dystrophy (RSD) of lower extremity. Treatment has included diagnostic studies, prescribed medications, foot surgery in August 2014 and periodic follow up visits. In a progress report dated 04-27-2015, the injured worker reported left foot and left ankle complaints. The injured worker reported that some days he can walk for about an hour and some days he has pain without weight bearing. Physical exam revealed decreased hypersensitivity in the region of the posterior tibial nerve compared to release of the tarsal tunnel, slight flatfoot posture, generalized tenderness about the left foot and ankle. In a progress report dated 06-10-2015, the injured worker reported symptoms unchanged. Objective findings (6-10-2015) revealed continued hypersensitivity along the medial aspect of the left ankle, and positive Tinel sign. According to the progress note dated 07-15-2015, the injured worker reported ongoing foot pain. The injured worker rated pain an 8 out of 10. The pain is aggravated by climbing and descending stairs, movement, sitting, walking and standing. The pain is relieved by heat and rest. No objective findings (7-15-2015) were reported regarding lower extremity. Records indicate that the injured worker has been on temporary total disability since December of 2013. The treating physician prescribed services for follow up visits x6 for the left ankle. The original utilization review determination (09-15-2015) denied the request for follow up visits x6 for the left ankle Qty: 6.00 (per 07-15-2015 order).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits x6 for the left ankle Qty: 6.00 (per 07/15/2015 order): 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), Pain (Chronic) - 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) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for chronic ankle pain after a twisting injury when his foot was caught in a pallet. He was seen as a new patient by the requesting provider. He had undergone tarsal tunnel surgery in 2014 with initial improvement. He had worsening symptoms and had been diagnosed with CRPS. A normal examination was documented. Gabapentin 100 mg was prescribed. Authorization is being requested for six follow-up visits. Office visits are recommended as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. This prospective request for six office visits is therefore not medically necessary.