

Case Number:	CM15-0185464		
Date Assigned:	09/25/2015	Date of Injury:	09/08/2005
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	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: Arizona, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 9-8-05. The injured worker has complaints of left ankle pain. The documentation on 8-17-15 noted that the pain is in the left 4th and 5th proximal metatarsals, left lower extremity, left foot, left knee with giveway weakness and pain and severe pain the right knee with giving way with painful arthritis. There is grinding sensation in the right knee. The injured worker rates her pain as 6 out of 10 constantly occasionally up to 7 to 8 out of 10. There is tenderness to palpation over the lateral joint line, medial joint line and patella. Left knee has tenderness to palpation over the medial joint line and patella. Left ankle movements are restricted with dorsiflexion limited to 25 degrees due to pain. The diagnoses have included pain in joint of lower leg. Left ankle X-ray on 7-23-15 showed old fracture deformity of the distal tibia and fibula; chronic cortical irregularity of the tibia could be related to remote history of infection of the fracture side, correlate clinically; status post fusion at the tibiotalar joint and osteopenia, no acute fracture. Left foot X-ray on 7-23-15 showed osteopenia; moderate degenerative changes at the first metatarsophalangeal joint; mild degenerative changes within the midfoot and moderate degenerative changes of the ankle and post-traumatic changes at the distal tibia and fibula. Bilateral knee X-ray on 7-23-15 showed on the left, there are moderate degenerative changes within the patellofemoral compartments and on the right; there are mild degenerative changes within the lateral and patellofemoral compartments. The original utilization review (9-1-15) denied the request for outpatient referral for internal medicine for pre-operative and post-operative visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral for internal medicine for pre-operative and post-operative visits:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on preanesthesia Evaluation, *Anesthesiology*, 2012 Mar; 116 (3): 522-38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee fitness for return to work. In this case, the claimant was sent for a stress test for pre-op with the internist. There is no indication for follow-up after the surgery without specified medical complications or abnormalities not related to the surgery. The amount of visits, frequency and duration were not specified. The request is not medically necessary.