

Case Number:	CM15-0035476		
Date Assigned:	03/03/2015	Date of Injury:	12/31/1999
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 injured worker is a 73 year old male who sustained a work related injury on December 31, 1999. There was no mechanism of injury documented. The injured worker underwent left total knee replacement on November 9, 2011. The injured worker was diagnosed with status post left total knee replacement, displacement of lumbar disc without myelopathy, metatarsalgia of feet, tibialis posterior dysfunction and myofascial pain syndrome. According to the primary treating physician's progress report on December 10, 2014 the patient continues to experience low back pain and current plans remained unchanged. According to the podiatry progress report on December 2, the injured worker continues to have pain in the left foot. The medial ankle was positive for a cold feeling with positive dorsalis pedis and posterior tibial pulse bilaterally which was unchanged from a previous visit. Current medications are listed as Norco. Treatment modalities consist of podiatry visits, home exercise program and medication. The treating physician requested authorization for Retrospective request for Office Visit on 12/09/14. On February 10, 2015 the Utilization Review denied certification for Office Visit on 12/09/14. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Office Visit on 12/09/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Low Back-Lumbar & Thoracic (Acute & Chronic) Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: Regarding follow up visits, ACOEM guidelines indicate that follow up with a provider on a regular basis is appropriate; however, these guidelines concern themselves largely with the acute phase of injury. As this is a chronic pain patient who does not require frequent follow up, the Official Disability Guidelines (ODG) were consulted. These guidelines state, that outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they, should be encouraged. 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. Office Visit on 12/09/14 is not medically necessary.