

Case Number:	CM15-0039128		
Date Assigned:	03/09/2015	Date of Injury:	12/20/2006
Decision Date:	04/10/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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 45-year-old female, who sustained an industrial injury on 12/20/2006. Initial complaints reported included left ankle pain and injury. The injured worker was diagnosed as having left ankle fracture. Treatment to date has included x-rays of the left ankle, conservative care, left ankle surgeries (repair and hardware removal), medications, physical therapy, acupuncture, and injections. Currently, the injured worker complains of constant anterior and lateral pain to the left ankle that radiates to the knee that is described as burning, sharp, pins and needles like pain, with objective findings of mild swelling, and tenderness. Current diagnoses include left ankle sprain, chronic pain syndrome, left ankle fracture, and status post repair and hardware removal of the left ankle. The current treatment plan included continued medications including a trial of Neurontin, beginning exercise program, continued use of TENS (Transcutaneous Electrical Nerve Stimulation), follow-up with orthopedic surgeon, and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain; office visits.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines addresses this issue in detail and recommends individualization based on medical needs. Monthly long-term pain management visits do not appear medically necessary, however in the short term it is documented that a trial of Neurontin is to be initiated and frequent visits are medically reasonable until this medication is stabilized or discontinued. Under these circumstances, the request for a follow-up office visit in 1 month is supported by Guidelines and is medically necessary.