

Case Number:	CM14-0015791		
Date Assigned:	03/03/2014	Date of Injury:	12/29/2012
Decision Date:	08/01/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old male with a 12/29/12 date of injury. He sustained an industrial injury from a slip and fall and his knee hit the floor. In a 1/7/14 progress note, the patient complained of left knee and ankle pain. Physical examination revealed a healed scar located on the posterior distal thigh from medial side of past midline with redness and slight swelling surrounding the scar, swelling of the left knee and ankle, decreased sensation of the left posterior femoral cutaneous nerve distribution, 3+ spasm and tenderness to the left popliteal fossa and left proximal gastrocnemius muscle, positive left knee valgus and varus tests and positive; Drawer's and McMurray's tests with negative Homan's sign. Diagnostic impression: Left chronic ATFL sprain/strain; Left ankle joint effusion/synovitis/varicosities; Peroneal tenosynovitis; Left normal Achilles tendon; Left normal medial ankle. Treatment to date: medication management, activity modification, home exercise program. A UR decision dated 1/28/14 denied the request for follow up visit with range of motion measurement and patient education. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examination in Consultations, pg. 127 and the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Low Back Chapter: Computerized ROM.

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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. It is unclear from the reports reviewed the type of range of motion testing that is being requested. Guidelines support standard testing, however, computerized testing is not. Further information is necessary to substantiate this request. Therefore, the request for Follow Up Visit With Range Of Motion Measurement And Patient Education is not medically necessary.