

Case Number:	CM14-0218887		
Date Assigned:	01/08/2015	Date of Injury:	02/23/2009
Decision Date:	03/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male with a date of injury as 02/23/2009. The cause of the injury occurred during a defensive training class fracturing the right ankle. The current diagnoses include ankle pain. Previous treatments include medications, and right ankle surgery. Primary treating physician's reports dated 07/17/2014 and MRI of the right ankle dated 09/11/2014 were included in the documentation submitted for review. Report dated 07/17/2014 noted that the injured worker presented with complaints that included right ankle pain and swelling. Physical examination revealed arthralgias and joint stiffness of the right lateral ankle, crepitus, and effusion. Pain is described as sharp, rating 7 out of 10. Pain is increased with standing and walking. MRI of the right ankle revealed post-traumatic changes about the distal right fibula, and a small lesion within the belly of the abductor hallucis longus muscle which is unchanged from the prior study. The injured worker is on modified work restrictions. The utilization review performed on 12/02/2014 non-certified a prescription for office evaluation, hand x-ray, and ankle x-ray based on insufficient information. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, 2004. page 127, Official Disability Guidelines (ODG)- 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) Low Back, Office Visit.

Decision rationale: The request for an office evaluation is not medically necessary. The Official Disability Guidelines state that office visits 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 healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking since some medications (such as opiates or certain antibiotics) require close monitoring. As injured workers' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit required individualized case review and assessment, being ever mindful that the best outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. There is no evidence that the injured worker was on any opiates or antibiotics or medications that require close monitoring. Additionally, a rationale was not provided for the requested evaluation. The provider's request did not indicate the amount of evaluations indicated in the request as submitted. As such, medical necessity has not been established.

Hand x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for a hand x-ray is not medically necessary. For most injured workers presenting with true hand disorders, special studies are not needed until after a period of conservative care and observation. Most hand problems improve quickly, once any red flag issues are ruled out. Laboratory tests, plain film radiographs, or special imaging are not recommended during the first month of activity limitation, except when a red flag is noted on history or examination raises suspicion of a dangerous condition or of referred pain. The clinical note submitted for review lacked evidence of the injured worker's failure to respond to conservative treatment. Additionally, there were no red flag conditions noted on physical examination. As such, medical necessity has not been established.

Ankle x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG- ankle and foot, radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for an ankle x-ray is not medically necessary. For most injured workers presenting with true ankle disorders, special studies are not needed until after a period of conservative care and observation. Most ankle problems improve quickly, once any red flag issues are ruled out. Laboratory tests, plain film radiographs, or special imaging are not recommended during the first month of activity limitation, except when a red flag is noted on history or examination raises suspicion of a dangerous condition or of referred pain. The clinical note submitted for review lacked evidence of the injured worker's failure to respond to conservative treatment. Additionally, there were no red flag conditions noted on physical examination. As such, medical necessity has not been established.