

<b>Case Number:</b>	CM15-0012956		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Ohio, 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 39 year old female, who sustained an industrial injury on November 8, 2010. The diagnoses have included tendonitis peroneal, bursitis, capsulitis, and pain in limb. Treatment to date has included orthotics, and non-steroidal anti-inflammatory and muscle relaxant medications. On November 13, 2014, the treating physician noted painful left ankle. The pain was unchanged, and pain level was 3/10. The physical exam revealed lower extremity motor function, sensory function and range of motion were unchanged from the prior visit. The injured worker was provided with the new orthotics she had been fitted for previously to replace her worn out orthotics. The treatment plan included a follow-up visit in 4 weeks. On December 23, 2014 Utilization Review modified a request for 1 follow-up re-evaluation every 4 weeks, noting the need for further follow-up visits will be determined by the patient's complaints, objective findings, clinical stability, and the response to treatment at the time of future requests. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up re-evaluation every 4 weeks between 12/12/2014 and 02/02/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Cornerstones of Disability Prevention and Management 79.

**Decision rationale:** The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle back pain reportedly associated with an industrial injury of November 8, 2010. In a Utilization Review Report dated December 23, 2014, the claims administrator partially approved a request for a followup evaluation every four weeks, seemingly for the duration of the claim. Non-MTUS ODG Guidelines were employed. The claims administrator referenced a November 13, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a January 30, 2015 RFA form, the attending provider filed authorization for a followup visit every four weeks, reporting fees, transcription fees, a Unna boot, and pharmacological management. In an associated progress note of January 22, 2015, the applicant reported ongoing complaints of bilateral foot and ankle pain, 5/10. The patient was given diagnoses of peroneal tendonitis, capsulitis, bursitis, and myalgias. The applicant exhibited an antalgic gait. The applicant was asked to continue wearing orthotics. Topical compounded medication and Unna boot were endorsed. REFERRAL QUESTIONS:1. The request for a followup reevaluation every four weeks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent followup visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in those individuals whose conditions are not expected to change appreciably from week to week, in this case, however, the request, as written, represents a for open-ended followup reevaluation for the duration of the claim. The request, as written, did not contain a proviso to evaluate the applicant periodically so as to allow the severity of symptoms to determine the frequency of followup visits. If, for instance, the applicant's foot and ankle pain would diminish and/or stabilize over time, this would diminish the need for followup visits every four weeks. Conversely, the presence of heightened symptoms would require office visits more frequently than once every four weeks. Therefore, the request was not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 5, page 79, Clinician's Role.