

Case Number:	CM15-0176192		
Date Assigned:	09/17/2015	Date of Injury:	07/02/2008
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial-work injury on 7-2-08. A review of the medical records indicates that the injured worker is undergoing treatment for crush injury to right foot, neuropathic pain, fracture of foot bone, crepitus, and ganglion cyst. Medical records dated (1-9-15 to 7-17-15) indicate that the injured worker complains of painful first tarsometatarsal articulations (Lisfranc joint) and pain in the mid foot, crepitus, and compensatory gait changes. The medical record dated 7-21-15 the physician indicates that the injured worker continues to suffer with pain in the right foot and atrophy of the right lower extremity (RLE). He also continues with pain in the knee and hip. The medical record dated 7-7-15 the physician indicates that the injured worker is contemplating surgery on the foot because of the pros and cons. The medical records also indicate worsening of the activities of daily living. The physical exam dated from (1-9-15 to 7-17-15) reveals that the injured worker has an altered gait with traumatic arthritis, and fractured mid foot with crepitus status post crush injury. There are no other significant physical findings noted. The medical record dated 7-21-15 the physician indicates that the injured worker is favoring the mid foot and first metatarsophalangeal joint area because of pain, which is also causing lateral weight bearing in which he is putting more weight on the area, which is causing the bony spurring and proliferation. The injured worker also experiences pain in the first tarsometatarsal articulations (Lisfranc joint). Treatment to date has included pain medication, nerve block dated 3-6-15, H-wave to reduce swelling, Unna boot, post-op shoe, ace wrap, and other modalities. The request for authorization date was 7-17-15 and requested service included 1 follow-up visit. The original Utilization review dated 9-2-15 non-certified the request due to lack of significant findings or recently documented improvement, it appears the condition is clinically stable and therefore follow up visit is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Office Visits (06/22/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the patient has ongoing foot pain and neuropathic complaints that require continued care. Therefore, a follow up visit is medically necessary.