MAXIMUS Federal Services

Case Number:	CM15-0064257		
Date Assigned:	04/17/2015	Date of Injury:	09/28/2009
Decision Date:	05/18/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/04/2015

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 33 year old male, who sustained an industrial injury on 9/28/09. He reported right foot injury. The injured worker was diagnosed as having crush injury to right foot, multiple metatarsal fractures of right foot, chronic right foot pain and status post permanent spinal cord stimulator implanted 12/12. Treatment to date has included oral medications, surgery to right foot, spinal cord implantation and physical therapy. Currently, the injured worker complains of ongoing right ankle and foot pain. Physical exam noted a scar over the dorsal aspect of the fight foot with decreased range of motion and tenderness to palpation of the right ankle. The treatment plan included continuation of oral medications and follow up appointments with podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Follow-Ups with Podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical evaluation.

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 need for follow up is established but the request is for non-specified amount of follow up visits. This cannot be approved as the need for further follow up visits will be dictated by the patient's condition and progress and medical necessity. Therefore, the request is not medically necessary.