

<b>Case Number:</b>	CM15-0071456		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York

Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial crush injury on 12/20/2013. The history notes an accepted, second industrial claim with date of injury to be 4/2/2009, to the low back and neck, secondary to a motor vehicle accident. His diagnoses, and/or impressions for this industrial injury are noted to include a crush injury of the right foot, status-post great toe reconstruction/fusion with first metatarsal osteotomy and exostectomy, and with mild early low-grade infection, on 3/25/2014; post-surgical right foot residual pain and numbness; and constipation and vertigo. No current magnetic resonance imaging studies are noted. Electromyogram and nerve conduction studies of the bilateral lower extremities are noted to have been done on 9/18/2014. His treatments have included surgery (3/2014) with Keflex for infection, and being placed on non-weight-bearing; the use of crutches; modified work duties; a qualified medical evaluation, orthopedic, evaluation on 12/18/2014, with a supplemental report on 3/15/2015; ice/heat therapy; buddy tape and Cam boot; work restrictions; and medication management. Evaluation notes of 3/15/2015 report pain in the dorsal aspect of the right foot due to a noted fracture in the right great toe, and closed fracture, with contusion, in the proximal phalanx of the right great toe of the foot. The physician's requests for treatments were noted to include an orthopedic evaluation for the right foot, a gym membership, urine toxicology screening, and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic evaluation for the right foot injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is a specific rationale identifying the medical necessity of the requested Orthopedic consultation for continued right foot pain. The patient still has tenderness, swelling, sensory changes and weakness. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Three month gym membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Urine drug screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. There is no specific indication for the requested urine drug test. Medical necessity for the requested item is not established. The requested item is not medically necessary.

**Follow-up in six weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** ODG states that follow-up is indicated to assess the response to active treatment. The review indicates the claimant is undergoing active treatment for his chronic pain conditions. Follow-up is medically necessary and reasonable. Medical necessity for the requested service is established. the requested service is medically necessary.