MAXIMUS Federal Services

Case Number:	CM15-0072888		
Date Assigned:	05/28/2015	Date of Injury:	09/01/2013
Decision Date:	06/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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: California
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 55 year old female who sustained an industrial injury on 9/1/13 when the wheel of a cart struck her left ankle causing immediate inflammation and swelling. She had x-rays (no date or results) and six sessions of conservative therapy (per 10/28/14 exam). She later was diagnosed with high blood pressure and anxiety. She currently complains of throbbing headache aggravated by stress; stress and anxiety due to pain and job duties; left ankle and foot pain with numbness over left ankle and foot. Medications are not specifically mentioned. Diagnoses include left ankle sprain/strain; rule out Tarsal Tunnel Syndrome on the left; anxiety; tension headaches; hypertension. Treatments to date include medication, acupuncture with significant functional improvement. There is a request for authorization for follow up visit with range of motion measurement and addressing activities of daily living dated 3/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow-up visit as an outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The primary treating physician's progress report dated 3/10/15 documented subjective findings of headache, stress and anxiety, left ankle and foot pain, and high blood pressure. Physical examination noted spasm and tenderness to the left lateral malleolus and left Achilles tendon. Tinel's sign was positive on the left. Diagnoses were left ankle sprain and strain, tarsal tunnel syndrome, anxiety, hypertension, and headache. The treatment plan included Acupuncture. The psychologist report was pending review. The electrodiagnostic report was pending. Neurologist was upcoming. Per ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The 3/10/15 progress report documented active medical problems that require follow-up. Therefore, the request for a follow-up office visit is supported by MTUS and ODG guidelines. Therefore, the request for follow-up outpatient visit is medically necessary.