

Case Number:	CM15-0095125		
Date Assigned:	05/21/2015	Date of Injury:	03/27/2011
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial injury on 03/27/2011. She has reported subsequent knee, shoulder, neck and back pain and was diagnosed with cervical, lumbar, right shoulder, right knee and left foot and ankle sprain/strain, impingement syndrome of the right shoulder, rotator cuff strain of the bilateral shoulders and retro calcaneal bursitis of the left foot. Treatment to date has included oral pain medication, physical therapy and the application of heat and ice. In a progress note dated 04/03/2015, the injured worker complained of left foot pain. Objective findings were notable for tenderness and spasm of the cervical spine, right shoulder, lumbar spine, right knee, left ankle and left foot. The injured worker was also noted to have difficulty with tiptoe and heel walk. A request for authorization of a referral to orthopedic and ankle specialist was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic foot and ankle specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "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 need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The medical documentation provided indicate this patient had an orthopedic referral within the past 6 months and that patient has previously had an MRI of this ankle. The rationale and goals behind this referral is unclear. As such, the request for Referral to orthopedic foot and ankle specialist is not medically necessary at this time.