

<b>Case Number:</b>	CM15-0096013		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 51 year old male, who sustained an industrial injury on 5/23/97. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic left leg pain; chronic left lower extremity infection; chronic left lower extremity neuropathic pain; major depression; insomnia Type sleep disorder due to physical limitations. Treatment to date has included left leg wound care; medications. Currently, the PR-2 notes dated 5/5/15 is hand written. The notes indicated the injured worker complains of left leg pain and requires pain medication refills. His current pain level is marked as a 4/10 and notes pain medications help this pain by 50%. He is able to sit 10-20 minutes and stand 10 minutes and notes current night's sleep is between 5-7 hours. The objective findings document the lumbar spine is "OK". The left lower extremity shows a 3cm x2cm wound that is healing well. There is no sign of infection at the anterior tibia. His treatment plan included medications refill, weight loss/diet, home exercise program, NSAID's/ice, return in a month. And continue with wound care for the left lower extremity. The provider is requesting authorization of 6 follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Follow-Up Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Office Visits (2015).

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

**Decision rationale:** The ACOEM and California MTUS do not specifically address the requested services. The ODG states follow up evaluation is based on ongoing medical necessity as defined by continued complaints and response to therapy. The request is for 6 follow up visits and continued need/medical necessity cannot be insured and therefore the request is not medically necessary.