

Case Number:	CM13-0034387		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2013
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 YO female with date of injury of 01/03/2013. Patient is status post left ankle open reduction internal fixation bimalleolar fracture dislocation (01/03/2013). MRI dated 04/22/2013 showed internal fixation with multiple screws. The lateral malleolus and distal fibular had been internally fix with multiple screws and a compression plate. The fractures are anatomically reduced. The fracture lines are still visible indicating incomplete healing. Mild arthropathy involving the subtalar joint with chondral attrition and marginal enthesophyte formation. Treater requests pain management consult with possible treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management consultation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Patient is status post left ankle open reduction internal fixation bimalleolar fracture dislocation dated 01/03/2013". According to report dated 09/12/2013 by [REDACTED], patient is "overall doing well and not have much in the way of pain. It is improving. She w

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: Patient is status post left ankle open reduction internal fixation bimalleolar fracture dislocation dated 01/03/2013". According to report dated 09/12/2013 by [REDACTED], patient is "overall doing well and not have much in the way of pain. It is improving. She was able to stop all of her pain medicines." Physical therapy reports indicate patient is actively participating in the exercise program with ROM and strength within functional level but still with pain which is the primary impairment. Treater is requesting pain management consult and possible treatment. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient seems to be doing well, without much pain, having stopped all medications. The treater does not explain the reasons for pain management consultation. There does not appear to be a reason for this. Recommendation is for denial.