

Case Number:	CM13-0036681		
Date Assigned:	12/13/2013	Date of Injury:	04/23/2013
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 28 year old female who sustained an injury to her right foot when she fell off a stool at work on April 23, 2013. Initially, she had pain in her ankle and foot but it gradually localized to the plantar medial forefoot. She was immobilized in a cam boot and was nonweightbearing for a period of time. She had several physical therapy sessions which were very helpful. She is using Lidoderm patches which are helpful. She is no longer taking NSAIDs or icing her foot. She had an MRI which showed signal changes in the sesamoid consisting with sesamoiditis. Patient continues to complain of pain in the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat with pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM 2nd Edition, 2004 Chapter 7 pg 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: This patient has shown marked improvement in her condition since it occurred. While it is true that she has pain that persists beyond the anticipated time of healing,

her functional restoration has progressed with straightforward intervention and has not required complex treatment. She is now returned to full duty. She wears a regular shoe with an over the counter insert. She continues to use simple modalities for pain management i.e. Lidoderm patches. She has stopped taking other modalities such as NSAIDs and icing. According to her examination dated January 3, 2014, she has developed a self-management approach to her problem. Therefore, it is my opinion that a consultation with a pain management specialist is not medically necessary.