

<b>Case Number:</b>	CM13-0050196		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland and Florida. 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 patient is a 47 year old female who injured her right foot and ankle in 2010. She was treated conservatively by [REDACTED], and then was referred to [REDACTED], orthopedic foot and ankle specialist. She had arthroscopic surgery (Brostrom procedure) on January 3, 2011 consisting of ligament repair, cartilage repair, and bone chip removal. Because of residual pain, she had a repeat debridement on December 29, 2011. On August 6, 2013, [REDACTED] saw this claimant in follow-up, and noted slow steady progress, and less pain, but she was still having some tenderness. She was wearing a regular shoe and continued to work in physical therapy. He notes she was making continued forward progress. He notes that it would benefit her to use a stationary bike at her local gym 3 times a week. In addition she had been attending acupuncture and seemed to be responding to this. Per the August 13, 2013 report, the patient was still having tenderness to the anterior aspect of the ankle. [REDACTED] performed a Supartz injection. Per the October 8, 2013 report, [REDACTED] noted that the patient felt that she was making some gradual functional progress, but still had issues with the electrical and lightening pain. There were times when she was resting that she would get a burning sensation or electrical sensation down the foot into the toes. She stated that with my light touch of the skin there was a sensation of hypersensitivity on occasion. She denied any low back pain or prior history of low back issues. Objective symptoms included: "gentle ankle range of motion is pain free but there is exquisite hypersensitivity of the lateral ankle. There is no hypersensitivity of the skin distally. Anterior drawer sign is negative." The assessment was that the patient was making slow progress with recovery of the left ankle. There were some hypersensitivity issues and these were more related to sensation and touch rather than the actual weight bearing portion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Sympathetic Block or Evaluation for Sympathetic Block, Right ankle, Modified to Evaluation/Consultation for assessment for possible Sympathetic Block: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain.

**Decision rationale:** With respect to Sympathetic Block or Evaluation for Sympathetic Block, Right Ankle, Modified to Evaluation/Consultation for assessment for possible Sympathetic Block, the treating provider requested a sympathetic block or evaluation of a sympathetic block. There was no diagnosis of CRPS but based on the patient's extensive treatment history, the medical necessity had been established for an evaluation for a sympathetic block and therefore the request was justified. However the provider stated that he could only find a clinic would do consultation and it was booked till January 2014. He requested that the patient be referred to a Surgical Center that will get patient set-up for the block without an office consultation. The previous UR physician denied the request to proceed with Sympathetic Block without initial consultation. The request for Sympathetic Block or Evaluation for Sympathetic Block, Right Ankle, Modified to Evaluation/Consultation for assessment for possible Sympathetic Block is not appropriate.