

Case Number:	CM13-0056639		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2011
Decision Date:	08/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/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 records, presented for review, indicate that this 29-year-old female was reportedly injured on 12/18/2011. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 12/11/2013, indicates that there were ongoing complaints of left mid foot pain. The physical examination demonstrated: Left foot/ankle positive diffuse swelling throughout the foot and ankle and blue discoloration of the left foot and ankle. Hypersensitivity to touch throughout the foot and ankle. Maximum positive tenderness to palpation over the surgical incision site. Diffuse tenderness everywhere else. Mild flat foot deformity. Muscle strength showed weakness with resisted inversion. Talar tilt 2+. Anterior drawer 1+. No recent diagnostic studies were available for review. Previous treatment included surgery, lumbar sympathetic blocks, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications. A request was made for an inpatient pain management program and was not certified in the pre-authorization process on 10/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INPATIENT PAIN MANAGEMENT PROGRAM (4 WEEKS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic) updated 7/10/2014, chronic pain programs.

Decision rationale: Pain management programs are recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiological, psychological and sociological components that are considered components of the patient's pain. The patients should show evidence of motivation to improve and return to work and meet the patient selection criteria outlined below. While these programs are recommended (see criteria below), the research remains ongoing as to: (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. After reviewing the medical documentation, it was noted the injured worker did have chronic pain and would benefit by a pain management program; however, there was no justification for this claimant to be placed in an inpatient facility for treatment. Therefore, this request is deemed not medically necessary.