

Case Number:	CM14-0007396		
Date Assigned:	02/10/2014	Date of Injury:	10/31/2007
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 65 year old female who had a work injury dated 10/31/07 when she slipped and fell on her job. She sustained a new injury on April 20, 2013 while walking in [REDACTED]. She fell breaking her fall with bilateral hands fracturing her right ankle. She underwent right ankle surgery on April 20, 2013. There is a request for the medical necessity for a pain management consult for the left ankle. The diagnoses include a closed patella fracture, status post ankle open reduction and internal fixation (4/20/13) right ankle with right foot drop from peroneal palsy. There is a 12/18/13 primary treating physician progress report that states that the patient has ankle pain, swelling and foot drop. The physical exam findings reveal that the patient walks with an antalgic gait with right foot drop. The patient is status post open reduction and internal fixation, right ankle with right foot drop and peroneal palsy. There is a request for a pain management consultation in order to manage her long standing chronic pain. A 12/14/13 electrodiagnostic study revealed evidence of severe right common peroneal neuropathy. There is no electrodiagnostic evidence of right lumbosacral radiculopathy

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ONE PAIN MANAGEMENT CONSULTATION TO LEFT ANKLE:

Overtuned

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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT-REFERRALS, 92

Decision rationale: Outpatient one pain management consultation to the left ankle is medically necessary per the MTUS ACOEM guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient has had chronic pain and the provider would like her to see a pain management specialist for management due to her chronicity of ankle symptoms. Based on the MTUS and ODG guidelines the request is reasonable and medically necessary.