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| <b>Case Number:</b>   | CM14-0009450 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 10/04/2012 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 01/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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 & 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 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 injured worker is a 31-year-old male who reported an injury on 10/04/2012. The mechanism of injury was not provided for review. The injured worker ultimately underwent open reduction and internal fixation of bilateral calcaneal fractures. This was followed by extensive physical therapy. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker had ongoing intermittent numbness and shock like sensations of the left foot and lateral ankle, with hypersensitivity to touch of the scar tissue. It was documented that at the time of the appointment, the injured worker was provided a corticosteroid injection that provided 50% improvement in pain after the procedure. The request was made for a multidisciplinary evaluation medical conference by the doctor with an interdisciplinary team of healthcare professionals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MULTIDISCIPLINARY EVALUATION, MEDICAL CONFERENCE BY MD WITH INTERDISCIPLINARY TEAM OF HEALTHCARE PROFESSIONALS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS (FRPs),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), 30

**Decision rationale:** The requested multidisciplinary evaluation, medical conference by MD with interdisciplinary team of healthcare professionals is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends multidisciplinary evaluations to determine the appropriateness of an injured worker for participation in a functional restoration program. The clinical documentation does not support that the injured worker is a candidate for this functional program. There is no documentation that the injured worker is willing and motivated to participate in a functional restoration program. Therefore, it is unclear how a multidisciplinary evaluation and medical conference by a doctor with an interdisciplinary team of healthcare professionals would appropriately contribute to the injured worker's treatment planning. As such, the requested multidisciplinary evaluation, medical conference by physician with interdisciplinary team of healthcare professionals is not medically necessary or appropriate.

**MULTIDISCIPLINARY EVALUATION, PROLONGED EVALUATION AND REVIEW OF RECORDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS (FRPs),

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**REPORT:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS (FRPs),

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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