

Case Number:	CM14-0104147		
Date Assigned:	07/30/2014	Date of Injury:	07/20/2011
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Management 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 28-year-old male who reported an injury on 07/20/2011 while suffering a traumatic injury of his right ankle. The individual fell approximately 9 to 10 feet while employed by the [REDACTED] during his incarceration at [REDACTED]. He reported to have slipped in grease on top of a machine, causing him to lose his balance and fall. The injured worker's past treatment history included, physical therapy, and the use of an H-wave unit, a bone stimulator machine, ankle foot arthrosis, and medication therapy. The injured worker had undergone a urine screen on 05/06/2014, and 06/28/2014 that revealed the injured worker was noncompliant with the prescribed medications. The injured worker was evaluated on 06/18/2014 and complained of right ankle, foot and leg pain. He stated being on it for too long increased his symptoms. The injured worker rated his pain at 6 out of 10. Physical examination revealed that the injured worker had full extension, lateral flexion and rotation of the back. There was no pain in the lumbar spine area, the ischium, sacral notches, sacroiliac joints, or the trochanters. There was no evidence of muscle spasms documented. The Lower extremity examination revealed that the injured worker had atrophy of the extensor digitorum brevis on the right as compared to the left. There was soreness to bilateral incision sight to touch and numbness by the incision. He had pain at the tarsal tunnel on the right, but not the left. The injured worker showed swelling along the medial joint line but had good flexion of the toes. The exam also reported right plantar flexion and 5 dorsiflexion compared to the left. There was no motor strength or quantified range of motion. Medications included Norco 10 mg, and Methadone 10 mg. The provider noted the injured worker had a responsibility to make and keep appointments for medication oversight and was instructed to exercise as routine part of pain management. Primary goal of the injured worker was to increase function. Secondary goal of protocol was to decrease pain. Diagnoses included status post comminuted fracture of the right

fibula and right medial malleolus, partial avulsion status post Open Reduction Internal Fixation (ORIF) with continued dysfunction, and CRPS/neuritis. The Request for Authorization dated 06/02/2014, was for pain management evaluation, and the rationale was to assist the injured worker in using pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid detox Page(s): 102-103.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Guidelines (ODG) Pain (Chronic), Office Visits.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability (ODG) Guidelines. Chronic Pain, Office Visits. The Expert Reviewer's decision rationale: Per the Official Disability Guidelines (ODG), "Office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The documents submitted on 06/18/2014 indicated that the injured worker used pain medications to help him with daily activities of living. However there was a lack of outcome measurements listed such as physical therapy measures and home exercise regimens. In addition, the documents failed to indicate longevity of medication usage for the injured worker. There is lack of documentation of long-term goals regarding functional improvement. In addition, the request lacked frequency and duration of sessions for the injured worker. Given the above, the request for pain management evaluation #1 is not medically necessary.