

Case Number:	CM14-0133440		
Date Assigned:	08/25/2014	Date of Injury:	03/04/2014
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Preventative Medicine, 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:

According to the records made available for review, this is a 47-year-old male with a 3/4/14 date of injury, and status post right ankle arthroscopic surgery and lateral collateral ligament repair 6/3/14. At the time (7/30/14) of request for authorization for Multidisciplinary Evaluation, there is documentation of subjective (pain in right ankle with radiation to both legs, associated with weakness in legs, rated 9/10 at its worst and 5/10 at its best, and functional limitations including avoiding socializing with friends, physically exercising, struggles and requires assistance with performing household chores, participating in recreation, driving, shopping and caring for himself) and objective (antalgic gait pattern, full range of motion of right knee, positive allodynia up to the right knee, acute tenderness to palpation over right lateral malleolus/dorsum and bottom of right foot, mild edema, 4/5 motor strength on right ankle dorsiflexion and plantarflexion, diminished sensation in right foot, right foot in rigid boot, and 1+4 reflexes in bilateral lower extremities bilaterally) findings, current diagnoses (Complex Regional Pain Syndrome Type II foot and right ankle tenosynovitis), and treatment to date (physical therapy, home exercise program, surgery, and medications (including ongoing treatment with hydrocodone and naproxen)). Medical report identifies patient has failed all medical treatment options, remains functionally impaired, there has been a delay in return to work, there are no surgical options available at this time, and a plan for multi-disciplinary evaluation to determine if patient is an appropriate candidate for participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain page 31 -32 Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of Complex Regional Pain Syndrome Type II foot and right ankle tenosynovitis. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Multidisciplinary Evaluation is medically necessary.