MAXIMUS Federal Services

Case Number:	CM14-0141654		
Date Assigned:	09/10/2014	Date of Injury:	08/16/2013
Decision Date:	11/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 51 year old female presenting with chronic pain following a work related injury on 08/02/2013. The claimant right lower extremity weakness along with instability, and right knee pain. The physical exam showed pes planus deformity bilaterally with tracking, pain with palpation of the right tibial/fibular shaft especially posteriorly, pain with palpation of right calf/Achilles tendon at insertion and with ankle joint dorsiflexion/plantar flexion, pain with palpation of right retrocalcneal bursa, mild pain with palpation of right sinus tarsi, pain with palpation of the right peroneal tendon with distraction/impaction of right ankle joint, antalgic gait, putting all the pressure on the contralateral side without use of any assistive device, and ankle joint dorsiflexion on the right side is decreased by 20%. The claimant was diagnosed with knee sprain/strain, right knee internal derangement, gait abnormality, pes planus neuritis and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain medicine for pain medication and urine screen to r/o medication toxicity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Consult with pain medicine for pain medication and urine screen to r/o medication toxicity is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial fax are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.