

<b>Case Number:</b>	CM14-0056514		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2014

### 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 Family 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:

This is a 36 year old patient that reported an industrial injury on 3/3/2011, over three years ago, attributed to the performance of customary work tasks reported as having a hydraulic lift on top of his left foot. The patient was diagnosed with an industrial crushing injury of the left foot and ankle; left foot Lisfranc fracture and dislocation through second, third, and fourth metatarsal basis; left ankle syndesmotom injury with posterior malleolar and distal tibial fractures. The patient subsequently had a left foot open reduction and internal fixation Lisfranc/midfoot joints. The patient received postoperative rehabilitation physical therapy. The patient complained of ankle pain attributed to the effects of the date of injury. The patient was treated conservatively and a follow-up evaluation documented that the patient did not have any arthritic changes in the ankle joint and was having pain due to the residuals from his injuries. It was reported that the patient was receiving pain medications from another treating physician in addition to the PTP. Based on that a formal pain management consultation for evaluation and treatment was recommended. There was no additional surgical intervention recommended for this patient. The patient is over two years status post surgical intervention to the left ankle/foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 127. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 6, page 127.

**Decision rationale:** The request for authorization of the pain management for evaluation and treatment is not supported with objective evidence to support the medical necessity of the request. The patient was noted to have left ankle pain subsequent to the ORIF of the left ankle performed over two years ago. The patient was provided with analgesics by the operating surgeon however, it was learned that the patient was also receiving opioids from another treating physician. Therefore, there was a request for pain management evaluation and treatment. There is no clear documentation of objective findings requiring more treatment other than the recommended home exercise program for conditioning and strengthening. The patient should be treated with OTC medications and HEP. The medical record provides no objective findings to the left ankle postoperatively to support the medical necessity of the requested pain management. There is no provided rationale to support the medical necessity of an evaluation and treatment with pain management. There is no objective evidence to support the medical necessity of the referral to a pain management for additional treatment in relation to the diagnosed chronic left ankle pain. There is no medical necessity for interventional pain management to the left ankle. The patient should be under the care of an orthopedic surgeon or podiatrist. The medical necessity of a pain management for an evaluation and treatment is not demonstrated as there is no objective evidence of any further treatment being required other than conservative care and home exercises.