

<b>Case Number:</b>	CM14-0205570		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is 50 year old male with an injury date of 05/21/10. The 10/13/14 progress report states the patient presents with right ankle pain and swelling s/p right total ankle arthroplasty 02/14/13. The 12/15/14 report states the patient has pain mid-foot just anterior of the ankle. Examination reveals the right ankle is moderately swollen with reduced range of motion of the left ankle. There is some tenderness on the medial gutter over the deltoid and mild tenderness in the lateral gutter area. The 12/15/14 report cites an x-ray that demonstrates a spur on the dorsum of the talonavicular joint with early to moderate talonavicular arthritis with a possibility of medial and lateral impingement. The patient's diagnoses include: 1. Well-seated total ankle arthroplasty, right ankle (per x-ray) 2. Consolidated right tibia osteotomy (per x-ray) 3. Medial and lateral gutter arthritis, right ankle (per-ray) 4. Chronic lymphedema, right lower extremity. 5. Right foot and ankle pain (12/15/14 report). The treater notes on 12/15/14 the patient is doing well except for foot pain. The utilization review is dated 11/10/14. No medications are listed. Three treatment reports were provided for review from 06/06/14 to 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Pain Management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, consult.

**Decision rationale:** The patient presents with right foot and right ankle pain and swelling s/p right total ankle arthroplasty 02/14/13. The current request is for Referral for Pain Management. The RFA provided is dated 12/15/14 which is post the 11/10/14 utilization review and states "Referral for pain management." The ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient has pain post total ankle arthroplasty. There is no documentation of any current medication use and the physician has requested a referral for pain management which is supported by ACOEM guidelines. The request is medically necessary.