

Case Number:	CM15-0166995		
Date Assigned:	09/04/2015	Date of Injury:	12/31/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 40 year old female, who sustained an industrial injury on 12-31-2014 secondary to being kicked on the ankle. On most recent provider visit dated 06-23-2015 the injured worker has reported severe left ankle pain. On examination, the left ankle revealed a purple hue and was noted to be colder with less hair than the opposite extremity, and a sensitivity to touch of foot and ankle was well as the lower thigh was noted. Tenderness to palpation over dorsum and lateral left foot was noted and metatarsalgia was noted on compression. The diagnoses have included contusion: left ankle and complex regional pain syndrome - left lower extremity and ankle and foot. Treatment to date has included medication. The injured worker was noted to be on modified duty. The provider requested nurse case manager.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention. Decision based on Non-MTUS Citation

What is a case manager? Case Management Society of America.
<http://www.cmsa.org/Consumer/FindaCaseManager/WhatisaCaseManager/tabid/276/Default.aspx>, accessed 10/06/2015.

Decision rationale: The MTUS Guidelines support the use of interdisciplinary- and case management-based intervention programs when needed with the goal of maximizing function. Case managers specifically help people better identify resources that meet their care and overall needs and maintain open communication among team members. The documentation indicated the worker was experiencing left foot and ankle pain with numbness and tingling that went into the left thigh, swelling, increased sweating in the foot area, and weakness. There was no discussion suggesting the service would be used as a part of an interdisciplinary team or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a nurse case manager is not medically necessary.