

Case Number:	CM15-0180228		
Date Assigned:	09/29/2015	Date of Injury:	09/26/2014
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This is a 67-year-old male with a date of industrial injury 9-26-2014. The medical records indicated the injured worker (IW) was treated for status post right ankle fracture open reduction internal fixation (x 2); postoperative infection; diabetes mellitus; non-healing wound hardware removal. In the 7-27-15 wound care notes, the IW received right ankle wound care consisting of a four-layer compression wrap. No subjective complaints were documented. The 7-30-15 notes stated there was purulent drainage, increased compromised wound area, increased erythema and edema around the wound. The IW complained of increased pain to the bone. The treating physician's progress notes (8-7-15) stated the IW was "doing fair". Objective findings on 8-7-15 included mild to moderate swelling about the right ankle with lateral and medial tenderness. Treatments included physical therapy, home exercise program and wound care. The 6-4-15 progress notes stated the IW was not working. Medications listed at his 3-9-15 emergency room visit were aspirin 81 mg, Diovan, Lyrica, Vytorin, Metoprolol, Janumet and Lasix. A Request for Authorization was received for retrospective office visit with a pain management specialist for the right ankle per 07/27/15 order. The Utilization Review on 9-2-15 non-certified the request for retrospective office visit with a pain management specialist for the right ankle per 07/27/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Office visit with a pain management specialist, right ankle per 7/27/15 order:
Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for pain management referral. Patient has chronic leg issues with leg wound. Patient is getting extensive wound care and is being followed by multiple surgical specialists. It is noted that patient does not seem to be on any pain medications. Primary provider only documents statement concerning following up with specific physicians, it is not clear who these physicians are or what specialties they are. There is no rationale documented by the provider for these follow-ups and consultations. Provider has failed to document any justification for referral to a pain management specialist is not medically necessary.