

Case Number:	CM15-0190489		
Date Assigned:	10/02/2015	Date of Injury:	08/18/2014
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 injured worker is a 35 year old male, who sustained an industrial injury on 8-18-2014. The injured worker is being treated for fall from one level to another, malunited complex comminuted intra-articular fracture of the right distal tibia, right knee contusion-strain-sprain with probable internal derangement, right hip contusion with Enthesopathy, abnormality of gait, and right shoulder rotator cuff impingement syndrome. Treatment to date has included medication management, crutches, boot, chiropractic treatment. Per the Primary Treating Physician's Progress Report dated 8-05-2015 the injured worker reported right ankle pain and swelling rated 10 out of 10 in severity from 7-8 out of 10 on 3-18-2015. He is taking Tramadol. Objective findings included an antalgic gait. He is not using his crutches today. Per the medical records dated 3-18-2015 to 8-05-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed treatment. Work status was temporary total disability. The plan of care included surgical evaluation. Authorization was requested for a pain management consultation. On 8-31-2015, Utilization Review non-certified the request for pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: 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, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: This patient sustained a fall injury in September 2013 and continues to treat for chronic August 2014 pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain Management Consult is not medically necessary and appropriate.