

<b>Case Number:</b>	CM15-0194822		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Ohio, 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 68 year old male who sustained an industrial injury on 8-26-14. A review of the medical records indicates he is undergoing treatment for status post right ankle fracture - open reduction internal fixation x 2, postoperative infection, and diabetes mellitus. Medical records (4-21-15 to 6-4-15) indicate a referral to pain management for evaluation of status post right ankle fracture with postoperative infection. The progress record (6-4-15) indicates that an x-ray on 4-21-15 "shows good healing - hardware in place". The record also states that on 5-4-15, the injured worker was noted to be "doing ok, needs a vascular surgery evaluation for removal of foreign body". On 6-4-15, the injured worker was noted to have continuation of a wound infection and was seen in the emergency department and placed on Bactrim DS. A referral to wound care management was indicated. The physical exam (6-4-15) reveals right ankle swelling "mild and moderate", anterior, medial, and lateral tenderness of the right ankle. The treatment plan is to refer to wound care and have the injured worker follow up in 4 weeks. The utilization review (9-18-15) includes a request for authorization of office visit for pain management specialist for the right ankle with date of service 7-7-15. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Office visit a pain management specialist, right ankle, per 7/7/15 order Qty: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation page 127.

**Decision rationale:** ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the requested consultation is necessary or what clinical question would be answered given the nature and chronicity of this case. More specifically, the records document ongoing treatment for a non-healing wound status post ankle fracture; it is unclear why addressing this issue as a primary pain condition is indicated beyond pain intervention which is part of the patient's existing orthopedic and wound care management. This request is not supported by the treatment guidelines and medical records; the request is therefore not medically necessary.